

THE MEDICAL AND SURGICAL REPORTER.

No. 2046.

SATURDAY, MAY 23, 1896.

VOL. LXXIV—No. 21

ORIGINAL ARTICLES.

VALEDICTORY ADDRESS.*

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YOUNG GENTLEMEN:—

Your dream of years is now the reality of this laureate hour. Crowned victors, you are worthy of heartiest congratulations, and of highest hope. The possibility of a life of honorable usefulness lies before each one, and the prayer of all who love you is that this possibility, this promise, this hope, the future years shall make real. The Spartan mother, when her son went to war, gave him a shield telling him, "Either with it or upon it." It was held so disgraceful to lose the shield in battle that death was preferable. Keep, therefore, the laurel crowns you have this day received, unstained by dishonorable action, pure as the white plume of Henry of Navarre. Nay, more, may you win many another crown for your own honor, for the honor of the institution at which you graduate, for the honor of the profession which noble living will adorn, and for the glory of our common humanity, until for you the "war-drum throbs no longer, and the battle-flag is furled."

When a triumph was assigned a successful Roman general, there rode in the

same triumphal chariot a slave who, holding over the victor's head the crown of Jupiter, from time to time reminded him that, notwithstanding the glory of the hour, he was only a man. The first counsel that it is my privilege and duty to speak to you is, Be a man. But what is a man? An adult male member of the human species is the most obvious answer, though upon careful criticism it will be found defective, or erroneous. The Greek and the Roman languages each had two words for man—*ἄνθρωπος*, for the human being in general, and *homo*, with similar meaning, and they also had *ἄνθρωπος* and *vir* for the brave man. From *vir* we have virtue as if the very pith and essence of manliness.

All remember Plato's reply to the question, "a featherless biped," and also Carlyle's words, stating that "man, to the eye of vulgar logic, is an omnivorous biped that wears breeches." But is there no dispute as to the exclusive right of man to these bifurcated nether garments?

I turn to one of the most ancient poets and read his words, solemn as the tolling of funeral bell, chill and sad as sound of clods falling upon the coffin: "Man that is born of woman is of few

* Before the graduating class of Jefferson Medical College, May, 1896.

days, and full of trouble. He cometh forth as a flower, and is soon cut down; he fleeth also as a shadow, and continueth not."

Here is an essential characteristic of a man, and I quote the statement of one of the bravest and best men that ever lived: "When I was a child, I spake as a child, I understood as a child, I thought as a child; but when I became a man, I put away childish things." Putting away childish things marks the advent of manhood. A boy is not a man; he fails of that intellectual and moral development necessary for a manly character. Mere stature is no proof that the psychical nature corresponds, and Lord Bacon quoted with apparent approval, "My Lord St. Albans said that nature did never put her precious jewels into a garret four stories high, and that therefore exceedingly tall men had ever very empty heads."

But there must be important exceptions to this rule. There rises before me in all his grand proportions, with his great brain, his dignity and commanding presence, the most eminent of all the graduates of Jefferson, and the greatest of her teachers, whose professional peer cannot now be found upon the continent—Samuel D. Gross.

On the other hand, the little man may be little in his ways, mean in character and conduct; but let us remember that some of the best work has been done in art, in literature, in science, and in philosophy by men of diminutive stature. So many feet and inches will not give the criterion of manhood. Equally uncertain is that afforded by age, for you will meet with men at twenty, and boys at forty years, the latter utterly puerile in character and conduct. De-Quincey held that a very large proportion of men, intellectually speaking, never attained maturity. "Nonage is their final destiny, and manhood, in this respect, is for them a pure ideal." Even if there be intellectual culture, there may be defective moral development; the entire spiritual economy—the intelligent will, the wise judgment, the cordial sympathy, the ambition to do right, the love of truth and justice—may fail; the learning of such an one is but as a jewel in a swine's snout. These cases

of *hypoplasia* of the moral nature are many, and probably most of the subjects are ignorant of their defect. Under the inspiration of a great passion, especially if guided by a wise, good woman, a tardy, but true development may take place, and the boy become a man.

Very melancholy are those cases of moral osteomalacia, for you meet now and then with men whose conduct and character seemed quite manly for a time, but after a while their bones became flexible, deformed, stature decreased, shape almost a caricature of normal man; they are ready to kneel and cringe, to fawn and flatter. These masses of human gelatine keep their shape only by external pressure; without that they would pass into formless fluidity. Woe to those who trust their friendship, fidelity, honor, and justice. Possibly you thought them firm as the everlasting hills, but in the hour of trial they are tremulous and treacherous as the never-lasting quicksands.

A gentleman one day during our Civil War, calling upon General Butler, of Massachusetts, and to his surprise finding him reading the *New York Herald*, asked: "Do you regard the *Herald* as reliable?" The General's reply was: "Is the wind reliable? I read the paper so as to learn in what direction the wind is blowing."

The only use of some men is to tell how the wind blows. They are found in church, in state, in society, in various callings of life, their great prototype being the Vicar of Bray:

"And this is law that I'll maintain
Until my dying day, sir,
That whatsoever king shall reign,
Still I'll be the Vicar of Bray, sir."

A time-server, a place-hunter, a jelly-fish, a mollusk, and a weather-cock are not men. Imitate any of these and you only show how not to be a man.

That you will find in many human beings, either in countenance, conduct, or character, resemblances to inferior animals, is an old observation. The explanation of this fact was referred, in former times, to metempsychosis, but in recent days we substitute atavism, a reversion to some previous type—an explanation that would be especially applicable to the monkey-man, or man with an ape face. The famous British essayist ques-

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tions "whether the different motions of the animal spirits in different passions may have any effect on the mould of the face when the lineaments are pliable and tender, or whether the same kind of souls require the same kind of habitations."

The monkey, the lion, the dog, the donkey, the cat, the tiger, the vulture, the weasel, the parrot, with "the rest of the honorable company that came out of Noah's ark" may be found among human beings. Dr. Johnson has described certain men as "screech owls," and some remember the fierce rhetorical contest between two public men in our country, each of splendid ability—Conkling and Blaine—one of them calling his antagonist a peacock; the retort was that the other was a turkey-gobbler. I have a medical friend, ready in his recognition of these resemblances, who finds in the form and features of some men a bloated bull-frog. The ape and the peacock are not unfrequent degenerations from the normal type, the one in face, the other in action. The fox* is in some cases plainly revealed. The lessened separation of the small, twinkling eyes, the sharpness of the nose, and the furtive expression indicate the vulpine face and character. The fox-man has the cunning and audacity of the fox; he seeks to impress people with his superior knowledge and ability, keeps his name before the public as much as possible, looks so wise, is so artful in all his words and ways. He is little scrupulous in taking a brother-practitioner's patient, and preserves no golden silence as to the supposed or real errors of another. He generally has some useless fad which he never fails to impress with the solemnity of the moral law upon a client, and endeavors to make a patient believe she is wonderfully beautiful, or gifted with extraordinary intellect—she may be princess, or empress, Juno, or Venus, or Madame de Stael. If an operator, he does not hesitate to invite laymen to witness his skill, or make known his achievement to a newspaper reporter.

"And yonder a vile physician blabbing
The case of his patient—all for what?
To tickle the maggot born in an empty head,
And wheedle a world that loves him not,
For it is but a world of the dead."

*The Master called Herod a fox.

Sometimes these animal doctors hunt in pairs, just as in the story told by Edmund Spenser, of the ape and fox who were for a time quite successful in preying upon those who trusted them; Reynard and Jocko finally came to grief.

You come into the world of active medicine when your manhood will be sorely tried. You hardly find a religious newspaper that does not open its columns to quack medicines, if not to quack doctors; possibly the infamous advertisement is printed side by side, and in same type, with some homily, or sacred poetry, or solemn warning. Not many years ago, a Presbyterian newspaper in this city insulted its readers by publishing the advertisement of a quack medicine used for a disease the name of which I dare not mention before a popular audience. I was a subscriber, but at once discontinued my subscription.

If doctors were to make a concerted effort they could do much in preventing these obnoxious advertisements.

Again, the overmastering love of wealth that prevails in our land at this time is liable to draw you away from the right path. What folly for men to be heaping up riches, not knowing who shall gather them! What mid-summer madness to try the gold-cure for an avarice that consumes all the nobler elements of the nature! And the face, growing harder every day, is mean as that of the meanest miser. Sydenham indeed placed ambition with avarice as an unworthy motive in the medical life, for among "the four things that he who gives himself to the study and work of medicine ought seriously to ponder," according to this great physician, is this: "That whatever of art, or of science, he has by the Divine goodness attained, is to be directed mainly to the glory of the Almighty, and the safety of mankind, and that it is a dishonor to himself and them to make these celestial gifts subservient to the vile lusts of avarice and ambition."

Not only the prevailing love of wealth, but the over-crowding of the profession and the multiplication of specialties and of specialists, are causing a moral deterioration of the profession. Medicine is becoming more mercenary, more of a trade. Means of advertising are employed by some specialists that bring uncompensat-

ed evil. Here is a doctor that sells his patients to get other patients in return; or here is a specialist who divides his fee with the physician who sends him a patient.† How can merit hold its place against such venality? I hope the practice I denounce is not common, nay, I do not believe it is, but it ought not to exist at all. Why is there not lifted up from the leaders some adequate denunciation of the accursed conduct? Alas! in regard to some of these leaders, one is compelled to ask in sorrow, *Quis custodiet custodes?* Look at the means used to advertise; the soliciting of patients by over-zealous kindred or friends, or paid workers; at many contributions to medical journals, simply and solely advertisements; at plagiarisms; the use of instruments, or methods that have been adopted from others, either without any, or only insufficient acknowledgment, and the pirates never punished, but treated with like forbearance as the dead. The familiar Latin sentence indicating silence, except good words as to the departed, has been happily translated by Swift:

Nil mortuis nisi bonum;

"When scoundrels die, we'll all bemoan 'em."

There must be a healthier professional sentiment, so that just punishment shall be awarded to transgressors, whether thieves of patients or of reputation, of places, or of power, or of papers, so that the slanderer shall meet his due in general professional contempt, especially when he plays piety for pecuniary reward, and banks upon pretended religion.

Yet, stand by the right, the honorable, the just, and the true, for the day of darkness cannot always prevail. The light and knowledge of medicine grow from year to year, and so shall its moral light ultimately irradiate it with new glory. Meantime and moreover let your constant ambition be to make yourself a man, your heart throbbing with sympathy for everyone who groans under the cross of suffering, and your hand prompt to relieve, never having as the first question—as some do who have

degraded the profession into the basest of trades—What fee can I get? How much money can I make out of this patient? "The more I learn to know humanity by other tokens than the cut of the coat, the more cause I find, even in this stage of being, to adore Providence with kneeling reverence." No really great man has risen to deserved eminence in the profession, the foundation of whose fame did not rest in the hearts of the poor.

I wish it were in my power to put in the hands of each member of the class a little volume published some years ago, "The Manliness of Christ," by the late Thomas Hughes. But when opportunity occurs, read this book; let its truths be carefully considered until they are part of your spiritual nature, and I am sure no one of you need fail of being a man.

The second injunction I would like to impress upon you is, "Be a gentleman." A poet of the Seventeenth Century, Dekker, wrote:

"The best of men

That e'er wore earth about him was a sufferer,
A soft, meek, patient, humble, tranquil spirit.
The first true gentleman that ever breathed."

Here again, as in manliness, there is set forth the one model, the only perfect model for human imitation. The gentleman is just the opposite of the clown, the ruffian, the slanderer, the braggart, the swaggerer, the snob, the flunkey, the sycophant, and the bully. You recognize the difference between the blooded horse and the plug, between the high-bred dog and the cur; and a like difference exists between the coarse, ill-bred man and the well-bred gentleman. The politeness characteristic of the gentleman is frequently spoken of as urbanity, as if it originated in the city, and there are not wanting city-born and city-bred people who speak sneeringly of those whom they call country clodhoppers. Many of the latter will become men and gentlemen, while such transformation is impossible for a city snob.

Ruskin, with usual force and clearness, has presented the characteristics of the gentleman. For him the first is that fineness of the body which renders it capable of the most delicate sym-

† My belief is very positive that the American Medical Association ought to pass some very stringent laws, and withdraw the liberty it has granted specialists to advertise in a medical journal, a liberty that has been greatly abused by some of them, so that they advertise in various other ways.

pathies—one may say, simply fineness of nature. "This is of course compatible with heroic bodily strength and mental firmness; in fact, heroic strength is not conceivable without such delicacy." Further, Ruskin asserts, the sign of nobleness is not so much in rightness of moral conduct as in sensitiveness. Kindness and mercy belong to the gentleman, he sympathizes with suffering, and relieves it without publishing his beneficence in newspapers and circulars, wherein subscribers are glorified in type. It is impossible for avaricious men and misers to be gentlemen, for avarice is selfishness, a pure egoism, while in the character of the gentleman there is necessarily no small element of altruism.

The gentleman may wear a calm exterior, but feel most profoundly, and if his feelings are deeply touched by insult, by ingratitude and treachery, be prompt to subdue them and bear the wrong in silence if redress be impossible. He may be thought cold, but just as a rippling stream covered with a film of ice flows on in its serene way, the music is by no means abated. Nay, more, this man so reserved, apparently so cold and distant, this gentleman whose seeming indifference chilled you, if only there be congenial companionship, if warmed by the sun of love, touched by the fingers of affection, is no longer distant and reserved, but frank, outspoken, full of all genial life, just as the statue of Memnon broke forth in richest melody when touched by the rosy fingers of Aurora. Very often the true gentleman is misunderstood and misrepresented because so many cannot comprehend him. So many doctors fail to cultivate gentlemanly manners, gracious courtesies, loving sympathies. Sometimes, indeed, their manners are so coarse, they are so devoid of feeling, that they are called, not gentlemen, not even men, but brutes.† Heaven save you from ever justly receiving such a name! Yet these brutes are sometimes very much in evidence, very much in the public papers, and, it may be, happy in their coarseness and vanity, so that I often think Rousseau was mistaken when he wrote that if

there ever was a man upon earth made happy by his vanity, it is past a doubt that he was a fool.

Manners tell what a man is. Spenser wrote:

"True is, that whilom that good poet said,
The gentle mind by gentle deeds is known:
For a man is by nothing so well bewrayed,
As by his manners; in which plain is shown
Of what degree and what race he is grown."

Not only be a man, not only be a gentleman, but likewise be a student—a student of medical literature, so that you may keep abreast of all true progress; but especially study your cases. Lord Bacon thought that medicine had not advanced, in part, for this reason: "The discontinuance of the ancient and serious diligence of Hippocrates, who used to set down a narrative of the special cases of his patients, and how they proceeded, and how they were judged by recovery or death." Let not this reproach fall upon you.

When I was a boy, I read as the motto of a newspaper published at Washington, "The world is governed too much;" and for some time past my motto has been, "The world is drugged too much."* The great majority of human beings eat two-thirds more food than they need for the best physical and intellectual life; and when the stomach so often rebels against such excess of supplies, and indicates that it wants rest, we ply the tonics and pamper the patient with daintily contrived dishes, tempting to do the worst thing. A great part of fashionable cookery for the sick—the fad of the present day—is mischievous, and is calculated to prolong sickness rather than promote convalescence. I wish you would read the recently published book by Dr. George S. Keith, "Plea for a Simpler Life," and I am quite sure that, observing its precepts, your own lives will be longer and stronger, and your patients will not be made drug-stores. Two brief quotations let me give from Dr. Keith's little book. After referring to the days of Gregory and Sir Charles Bell, he remarks: "The amount of ingenuity expended since those days in rendering medicines palatable is something wonderful. Perhaps the amount of money

† The Autocrat of the Breakfast Table remarked that, "One who is born with such congenital incapacity that nothing can make a gentleman of him is entitled, not to our wrath, but to our profoundest sympathy."

* Richet.

spent in advertising new medicines, many of them worthless, some of them fortunately innocuous, is more wonderful still." Again: "Of the new medical remedies, the number is so great that it is impossible for the ordinary medical man to give them a fair trial, and they add enormously to his already too numerous tools. If they do all that is said of them, nature will have less chance still of showing what she can do without them, and we will have specialists of drugs as well as of diseases."

Not only study medicine, but also do not neglect literature and philosophy. The senior Gross once said that the doctor who knew medicine only did not know medicine. Just now, too, the study of philosophy commends itself especially to the physician, for there is a strong movement toward idealism, and human thought is becoming more and more idealistic, while materialism, it is to be hoped, passes away never to return. Philosophic, moral, and social questions are affected by this influence directly, and medicine will be. You cannot be a doctor, a learned man, without giving study to the prevailing philosophy of the day. Still less can you ignore the question of religion. The longer I live the more tolerant I become as to differences of religious beliefs, and the less I think of creeds, the more of character and conduct—a man's profession is not half so important as his action—alas! very often they are in conflict. You go out to practice your profession. If you count success by wealth, I am happy to say very few of you will ever attain it, but each one can do something to relieve suffering and to make the world better. You know the beautiful legend as to the robin's red breast: This bird plucked a thorn from the crown of thorns, and ever after its breast has been stained with a blood purer than the blood of the knightly Charlemagne; and so you can pluck thorns from bleeding brows, help the weary ones to bear the cross, and lessen some of the *Misereres* that are forever ascending, ascending from the sorrow-stricken fields of earth to the infinite and peaceful heavens. What is popularly called success may fail some of you, but if the failure comes after honest, heroic effort, living only an hon-

orable life and just, then you sink to foundations of more exalted praise. Sometimes defeat is better than victory. The greatness of the human soul is manifest quite as much by passion as by action—nay, more thus revealed, and it is not so much what we bravely do, but what we bravely suffer that tells of manliness. The spoon-fed babies in the medical life, or they who have the assiduous attentions of wet-nurses, can never become the men that those who have to make their own way, and who must tread the wine-press alone. Montaigne has not written a nobler or more eloquent sentence than when he said: "Never could those four sister victories, the fairest the sun ever beheld, of Salamis, Plataea, Mycale, and Sicily, venture to oppose all their united glories to the single glory of the discomfiture of King Leonidas and his men at the pass of Thermopylae."

"Children of God! inheritors of heaven!
Mourn not the perishing of each fair toy;
Ye were ordained to do, not to enjoy,
To suffer, which is nobler than to dare.
A sacred burthen is the life ye bear,
Look on it, lift it, bear it solemnly,
Stand up and walk beneath it steadfastly;
Fail not for sorrow, falter not for sin,
But onward, upward, till the goal you win.
God guard ye, and God guide you on your way,
Young pilgrim warriors who set forth to-day."

A gentleman gave a party in honor of a celebrated missionary. The ladies appeared in very *decoletté* dresses, and the host, fearing the style might shock his reverence, apologized, saying that fashion demanded it. "Oh, I don't mind it at all," replied the missionary; "I've been ten years among the savages!"

THE class in a woman's medical college was asked to name the surface layer of the skin. One young lady answered in a clear voice, and to the consternation of the other members of the class, "foreskin."

JOHNNY—Papa, I want to ask you a question.

PAPA—Well, what is it, my son?

JOHNNY—If the ruler of Russia is a Czar, is his wife a czardine?—*Pick-Me-Up*.

NECESSITY FOR THE STATE TO DEMAND THE ADOPTION BY THE
COLLEGES OF A MORE UNIFORM STANDARD OF EDUCATIONAL
REQUIREMENT FOR THE DEGREE
OF DOCTOR OF MEDICINE.*

SILAS UPDEGROVE, M.D., PHILADELPHIA.

The result of the recent application to the General Assembly for the passage of an Act to create a Board of Examiners gave emphasis to the importance of a demand for the adoption by the colleges of a more uniform standard of educational requirement for the degree of doctor of medicine.

The application resulted, as we all know, in establishing three boards instead of one for the examination of candidates for a license to practise medicine, not with the intention, however, of having the candidate examined by each of these boards, but that certain candidates might have a board suited to the standard of educational requirement of the college from which the degree was received.

The creation of different boards served to accentuate the fact that the possession of a degree could not be accepted as evidence of a uniform standard of qualification, but only as evidence of a standard of qualification in accordance with the standard of educational requirements of the college from which the degree was received, and that an examination must be adapted to these standards.

In attempting to justify the creation of more than one board of examiners, the absurd claim is made that these alleged standards of certain colleges are each to represent an educational requirement according to a formula of treatment or alleged method of cure, and the creation of separate boards was asked for, in order that the examination might be adapted to the standard of qualifications of the candidate whose degree was received from colleges having a method of cure as the basis of the educational requirement.

These standards, according to their alleged methods of cure, will, if possi-

ble, be discussed in such form as to enable the public to place the true estimate on their value as the basis of an educational requirement for the degree of doctor of medicine.

The public can readily understand that the maladies of mankind may be divided into two classes, viz: First, the curable, and second, the incurable. No one perhaps should dispute this classification, nor should any one possibly assert that he has a formula of cure for the diseases of the class called incurable. One class then is disposed of without a question as to the formula of treatment or method of cure.

The class called curable is so named, perhaps, because some of the diseases of the class get well under treatment. Some get well, however, without treatment; and yet other cases do not get well under treatment, no matter what method may be employed.

In its application to the treatment of this class a formula of cure is placed very much in the condition which applies to a formula of cure for the incurable class, viz: That no formula is known for the cure, either individually or collectively, of the diseases of this class.

To illustrate, we may take diphtheria as a typical disease of this class, and one in which not only the results, but something of the methods, as for instance the trial of antitoxins, has become somewhat familiar to the public.

Cases of diphtheria, as we all know, get well under treatment and even without treatment, while other cases do not get well, no matter what formula or method of treatment may be employed. Yet diphtheria is a type of the diseases called curable, and whatever may be truly said of the effects of a formula upon diphtheria applies to all the diseases of the class and affords an illus-

*Read before the Philadelphia County Medical Society, May 13, 1896.

tration of the fact that no formula of treatment is known that will always cure diphtheria or any other disease of the class to which diphtheria belongs. In these two classes, the curable and the incurable, may be placed all the diseases that flesh is heir to, and no formula is known that can, with truth, be adopted as a method of cure for diphtheria or for any of the other diseases of the class called curable. By a reputable medical college, therefore, a formula of cure should not be adopted as the basis of the educational requirement for the degree of doctor of medicine.

In direct disregard of this truth, however, not only is the claim made that a formula of cure is adopted as the basis, at certain colleges, of the educational requirement for the degree of doctor of medicine, but the General Assembly is asked to authorize the creation of boards of examiners adapted to the standard of qualification of those whose degree has been conferred with this false pretence as the basis of the educational requirement. That a formula of cure should not be made the basis of an educational requirement for a degree is as incontrovertibly demonstrated as is the demonstration that the theory of Ptolemy should not be made the basis of the educational requirement in astronomy. If the theory of Ptolemy, which makes the earth the center of the solar system, cannot be accepted as the basis of the educational requirement of a school in astronomy, the doctrine of similars as a formula of cure cannot rationally be accepted as the basis of an educational requirement of a school in medicine. There are no technicalities here that the public cannot understand; nothing obscure in the conditions. The plain fact is, there are no so-called schools in medicine except those having a false pretence as the alleged educational basis. In addition, however, to the fact that these conditions are such as to be intelligible to the general public, this State, in order to have true medical education, needs and must have a recognized medical authority.

In all other departments of knowledge this State recognizes an authority in each respectively, and the department of medicine cannot in justice be made an exception. In the department of

law the Supreme Court is the recognized authority. In the department of astronomy those learned in astronomy are accepted as authority; and if the State accepts the declaration of astronomers as authority that the Copernican is the true system in astronomy, why should not the medical profession of the world be accepted as an authority in declaring that a universal therapeutic formula or method of cure has not yet been scientifically established and that the adoption of an alleged formula of treatment, whether it be "Faith-Cure," "Sure Cure," "Similar Cure," or "Medical-Almanac Cure" as the basis of an educational requirement for a degree is making a farce of medical education.

What a conflict of authorities might have been averted and a mass of trouble avoided if the medical profession of the world a half-century or more ago had been recognized as a medical authority in declaring the doctrine of similars as having no value either in the treatment of disease or as the basis of an educational requirement for the degree of doctor of medicine.

By the decisions of the Supreme Court being accepted as authority on the subject, what a conflict of authorities is being averted as to the validity of certain laws; and how irrational it would be to expect that such questions should be submitted to the public instead of to a proper legal tribunal for decision; yet medical questions are supposed to be decided by the public or by some other than medical authority. The degree of doctor of medicine must have a very uncertain value unless the State has a recognized medical authority as to what is to be accepted as medical knowledge and as to what is to be the basis of the educational requirement for the degree. If a candidate for a license to practise must have a board of examiners adapted to his method of curing diphtheria the State has not yet reached the position of being able to secure competent physicians.

In the execution of this law creating boards of examiners adapted to methods of cure, it is much to be regretted by the medical profession that a sufficient number of professional gentlemen could be found in the State to act in the capacity of examiners, where the law has

no better purpose than to filch twenty-five dollars from the pockets of graduates of reputable medical colleges, in return for which these graduates are to be placed before the public as physicians on a plane with those whose so-called medical education has a basis of false pretence.

To further emphasize these absurdities in relation to the profession of medicine not only to the laws in this connection but to the rulings of courts which are alike conflicting and contradictory we may quote from the decisions of different Supreme Courts. One Supreme Court decides that the law recognizes no "schools" or systems of medicines, for the reason that there is no exact standard of practice to judge by. Another Supreme Court decides that all systems or schools are legitimate.

These decisions may be found in Hilliard's Law of Forty, 2d ed., Vol. I, page 253; also in the case of White against Carroll, 42 N. Y., page 161.

The case of White against Carroll was for calling a homeopath a quack. A verdict for \$100 in favor of the plaintiff was appealed to the Superior Court and judgment affirmed. The decision in this case gave great encouragement to the homeopath on account of a well-grounded suspicion on his own part that if the term quack has the meaning usually ascribed to it he is verily a quack.

When he reflects that his alleged method of cure has a basis of false pretence his suspicions of himself have really more than theory as their basis. In reaching this decision the court of course assumed that the homeopath had a system and did not assume that his alleged system had a basis of false pretence.

In affirming the judgment of the lower court in this case, however, an Act of 1844 in N. Y. State was referred to which in effect authorized anyone without any license to practise physic and surgery, and in view of this Act of 1844 pretensions ignorance of the system, the court decided, and not the system, must be regarded as making the quack.

Whether calling a homeopath a quack might be actionable when his system should be known to have a basis

of false pretence did not enter into the consideration of this case but these conditions were known to the defendant, he being a physician; but even if presented as justification might have had little weight in the condition of inconsistency in the present case and the contradictions in the rulings of different courts.

Another case is a suit for malpractice: Patten against Wiggin, 51, Maine, 594. The court ruled that, "If there are distinct and differing schools of practice as allopathic, or Old School; homeopathic, Thomsonian; hydropathic or Water-Cure, and a physician of one of these schools is called in, his treatment is to be tested by the general doctrine of his school and not by those of other schools. The jury are not to judge by determining which school, in their own view, is best." This case is so prolific in points for comment that for want of time the next and final case will be considered.

Bowman vs. Woods, 1 Green (Iowa) 441. The court ruled that the physician is expected to practise according to his professed and avowed system.

As yet, says the court, there is no particular system of medicine established or favored by the laws of Iowa. And as no system is upheld none is prohibited. The regular system, though advancing, is still regarded by the law with no partiality or distinguishing favor, nor is it recognized as the exclusive standard or test by which the other systems are to be adjudged. The ruling in this case furnishes a good example of the lack of knowledge of the real conditions. The system of medicine in this present state of medical knowledge, as taught by the profession of the world, is on the basis that a formula or method of cure has not been scientifically established and this is not only the system that should be favored by the laws and courts of Iowa but is the system that must be accepted as the exclusive standard or test by which the other so-called systems are to be adjudged by the laws and courts of all other states. A system on the basis of treatment by a formula is in conflict with and a contradiction of this system and must be prohibited, as they cannot both be true. The truth of the basis upon which medicine is

taught by the profession of the world to-day is as incontrovertibly demonstrated, as has been already said, as is the truth of the basis of the present system of astronomy and is the standard or test by which other so-called systems are to be adjudged.

We now come to a consideration of the remedy for these anomalous and contradictory conditions. We have incorporated bodies to deal with and legal friends at once suggest the powers of the charter, vested rights, etc. But is there any real difficulty? Charters need not be revoked; colleges need not be burned nor hospitals destroyed; the State needs but to demand the adoption by the colleges of a more uniform standard of educational requirement for the degree of doctor of medicine. Our legal friends

may be able to tell us whether this may not perhaps be accomplished by the simple process of injunction, commanding the authorities of the colleges to show cause why the educational standard for the degree should not be made to conform to that established by authority of the medical profession of the world.

If schools of astronomy should be attempted on the basis of the system of Ptolemy the authority of those learned in the sciences, adopting measures of correction, should not be questioned, and on the same principle it is appropriate for the medical profession, as it is its prerogative, to have the necessary measures adopted in the line of correcting the conditions existing in the medical profession.

THE IMPORTANCE OF SPECIFIC GRAVITY OF LIQUIDS FOR TOPICAL MEDICATION.*

CARL SEILER, M.D., PHILADELPHIA.

Ever since I published the first edition of my hand-book on the Throat, in 1880, and even before that time and since, have I called attention in current medical literature to the importance of the specific gravity of liquids used as washes, douches, dressings, etc., for topical applications.

But what little fruit has my preaching borne; how little attention is paid to this important factor by the general practitioner and by the gynecologist, rhinologist or surgeon, when he directs antiseptic dressings or washes, and lays great stress upon the decimal of his solution of mercuric chlorid, but carelessly prescribes salt and water to be used, or even designates the precise degree of temperature of the original douche and neglects the all-important physical factor, namely: The specific gravity of the solution, which, if not adequate, defeats the purpose of its use, namely to be curative.

The necessity of having a solution

that is intended to be curative in its effects, and consequently is to be brought into intimate contact with the tissues and membranes of the body, of a density equal to that of the serum of the blood, or to express it in more comprehensive terms, that there should be no interchange by osmosis between the cells or blood-vessels of the tissue on the one hand and the liquid in contact with the integument on the other, was forcibly brought home to me by an account in the daily *Press* detailing the damages to importers and packers of Spanish olives, by the Custom House officials.

In this account the statement was made, which on inquiry I found to be correct, that olives as consumed in this country as a table-luxury are packed and shipped in casks filled with a salt-solution of a certain specific gravity and that careful attention on the part of the shippers and packers is necessary to keep this salt-solution up to the exact standard of specific gravity, daily testing and a replenishing of every cask

*Read before the Philadelphia County Medical Society January 8, 1896.

being required. A neglect of this precaution results, so I am told, and readily can understand, by scientific induction in either a shriveling of the fruit, if by evaporation the salt-solution becomes too dense, owing to the osmotic transfer of the water from the cortical cells of the olive into the surrounding medium, or in swelling and final bursting of the fruit, if by the soaking in of bilge-water into the casks the specific gravity of the brine is lowered and by the same osmotic action the excess of water saturates the fruit, which swells and ruptures through its skin and then loses its market value.

To make my position still more secure, for I know that in bringing a subject such as this before the public at the time when apparently insignificant details in the healing art are entirely lost sight of in the search for the pathogenetic bacillus and the readings of the thermometer, when the old-fashioned indications of disease and the methods of combating it have been largely lost sight of, and when the country practitioner, who after all, makes up the rank and file of the profession, is at a loss to reconcile the readings of the thermometer, the definition of fever,* as it is, and the action of the innumerable synthetic antipyretics, I will call to mind the fact discovered and published by the late Dr. J. G. Richardson, in his investigations of dried blood-stains that a solution of 56 grs. of salt sodium chlorid in one pint of water produces what is now known as the normal salt-solution in which the blood-corpuscles become neither crenated nor globulated, thus enabling the microscopist to bring even dried blood-corpuscles back to their original size, and to measure them with an incredible degree of accuracy.

Unfortunately, the science of physics and chemistry, which is as fundamental to practical medicine as are physiology and anatomy, is sadly neglected in the studies of modern medical education, and the little that is learned by the student is either forgotten or neglected, still worse, misapplied, and for this reason I take up the cudgel against the cut-and-dried therapeutics supplied largely by the manufacturing chemists, and call attention to the infinite harm done by the unthinking negligence of

the general practitioner who orders a topical application in the form of a solution by directing the patient to use so much water and a *little* of this, that, or the other thing, without regard to the specific gravity the resulting mixture will have.

It is a very common experience, in fact, a daily one, for patients to tell me that they have been instructed by their physicians to snuff up the nose some salt and water, but never, in my experience at least, has any of them been given directions as to how much salt and how much water. In the same way the gynecologist will bear me out in asserting that in like manner directions are given for using a hot vaginal douche with a little borax or soda, or carbolic acid, or what not, but never are directions given as to how much of the salts to how much water. Also compressed tablets of the more soluble salts, such as potassium or sodium bromid, potassium iodid, potassium chlorate, etc., are the sake of convenience, ordered to be swallowed whole without direction as to the amount of water to be taken with them. Finally, the surgeon, in his desire to prevent suppuration applies antiseptic solutions of mercuric chlorid or other germicide to the wounds during the operation and applies dressings of similar character afterwards, without regard to the specific gravity, wondering, no doubt, why the patient complains of pain when apparently no reason for such complaint exists.

That pain and congestion of the edges of wounds are produced by such solutions or dressings, I have repeatedly tested in my own person as well as in others, and also that a solution containing the same antiseptics in the same strength but made of the proper specific gravity, immediately subdues the pain and relieves the congestion.

Another well-known instance of the production of pain by improper specific gravity of external application of liquids is the sense of burning and the congestion resulting from the application of undiluted glycerin to chapped skin of the arms or hands, and which immediately disappear when the glycerin is diluted to the proper density so that osmosis is prevented.

We all know that the mucous membrane of the body consists in the

*Dunglison.

main of a thin layer of epithelial cells upon a basement membrane, immediately beneath which are the capillaries and the glandular structures, and in the case of erectile tissues, as in the nasal cavities and in the genito-urinary tract the cavernous tissue is composed of a collection of venous sinuses. In open wounds the different vessels and lymph-spaces are separated from the external air by but very thin membranes, or to be more exact, aggregations of cells forming a membranous envelop for their contents. In both instances the terminal sensory nerve-filaments are in close proximity to these membranes.

An arrangement such as this presents the most favorable condition for osmotic action through this membranous envelop if a liquid of greater or less density than that contained within the membranes is brought in close contact with them on the outside, and as in the case of the olives (which fruit, by the way, in its structure closely resembles the cavernous tissues of the human body) the cavities become surcharged with liquid, if the fluid used as a wash or dressing is of a less density, thereby causing swelling and pressure upon the nerve-filaments, and consequently, in the first instance pain, and as a secondary effect, owing partly to the irritation of the nerves and partly to the engorgement of the capillaries congestion of the parts so that the object of the dressing, wash, or douche is defeated. If on the other hand the liquid used is of a greater density or specific gravity than it should be, the watery elements of the juices will ooze out of the channels and cavities of the tissues by exosmotic action through the membranous envelop, and again as in the case of the olive, a shriveling of the membranes will take place, together with an abnormal accumulation of the solid elements within the cavities and channels, and again pain as well as congestion, will be the result. Of course I now speak only of such topical applications as do not contain substances in themselves irritating to the nerve-filaments, irrespective of the specific gravity of the solution. In many of the so-called antiseptic solutions the ethereal oils of various plants, which are exceedingly irritating and may if used alone and uncombined, be classed among the vesicants, are not

properly incorporated in the solution, so that by virtue of their oily nature they float on top of the liquid and thus come in direct contact with the tissues or membranes, they act as powerful local irritants. It will be seen, therefore, that it is of the greatest importance to have an exact specific gravity for our liquid topical applications, whether they be in the form of a spray, wash, douche, or dressing, and to be as exact as possible in our directions to the patient for the preparation of such application to be used by him. It is not sufficient to tell him to sniff salt and water up his nose; nor is it sufficient to give such vague directions as a teaspoonful of salt in a pint of water, because teaspoons vary in size, and may be heaped with salt or made not quite full, and a pint in the minds of most persons is a variable quantity, because, as a rule, a so-called pint-bottle is used as a measure, and as we all know, pint-bottles vary in size; and finally it is frequently the experience of the rhinologist as well as the gynecologist, that such topical applications are made by the patient in a hurry, and he or she but rarely allows sufficient time for the salts to dissolve completely before making use of the application; so that in spite of careful directions the desired result is not obtained.

Long experience has taught me the advisability of prescribing a concentrated solution carefully prepared by the druggist, a sufficient quantity of which the patient is directed to add to the exact quantity of water, so as to obtain not only a perfect solution but also one of the proper specific gravity.

In most instances neutral unirritating sodium chlorid is the best agent with which to obtain the desired specific gravity—by using 56 grs. of the salt to a pint of water, to which there may be added the other ingredients as desired. If, however, alkalies, such as sodium bicarbonate or sodium biborate, or both, are desirable in a wash or douche for the purpose of rapidly dissolving the viscid mucus covering the mucous membranes in catarrhal conditions—and in that case a considerable quantity of these alkaline salts is required—it is best to make the alkaline solution first of the desired strength and then bring it up to the required standard of density by the subsequent addition of sodium chlorid.

CALCULOUS PYELITIS.*

ALOYSIUS O. J. KELLY, M.D., PHILADELPHIA.

It is because of several interesting and rather unusual clinical and pathologic features that the following case is accorded the dignity of a report. The patient, C. F., who was seen for the first time November 9, 1895, was a female, aged fifty-six years, of German extraction, twice a widow, and a housekeeper by occupation. She was the mother of five children, three of whom are still living and well. One, a male, died at the age of nine years from a cause unknown; the other, a female, at the age of twenty-five years, of insanity. Her father died of pulmonary tuberculosis at an unknown age; her mother of apoplexy at the age of sixty years. The patient had always enjoyed good health until about one year prior to her death, when she began to complain of lassitude, and had headache and backache; her appetite became poor and she was otherwise dyspeptic. Two months before she came under observation she noticed in her abdomen a swelling which occupied particularly the right upper quadrant. When seen for the first time, the patient complained of loss of appetite, some nausea and vomiting, and insomnia, and was aware of the presence of the tumor, which, however, caused no discomfort, nor since discovery had it appreciably increased in size. She never had any pain. There was no headache or vertigo, nor were there any symptoms referable to the thoracic viscera. Flatulence and constipation were absent. There were no urinary symptoms. The menopause had been successfully passed thirteen years previously.

The patient was very stout, rather markedly anemic, the skin dry, the pulse somewhat accelerated, and the temperature slightly elevated. There was no cedema, and the intellect was unimpaired. Examination of the thoracic viscera disclosed only a slight accentu-

ation of the second aortic sound. In the abdomen, on the right side just below the liver, there was plainly noticeable and readily demonstrable a tumor about the size of a large cocoanut. The thickness of the abdominal wall interfered with satisfactory percussion and other examination.

The tumor did not move with the respiratory excursions. The urine was rather pale-yellow in color, turbid, of a specific gravity of 1016, neutral in reaction, and contained albumin. Microscopic examination after centrifugation revealed quantities of pus-cells, mucus, and epithelium, some of which apparently partook of the nature of that ascribed to the pelvis of the kidney, but most of which was in an advanced state of fatty degeneration—mere *debris*. The urine contained no sugar, nor were casts or concretions of uric acid, urates, oxalates, or phosphates, etc., discovered.

The diagnosis of pyelitis or pyonephrosis was made, and the treatment pursued was directed chiefly to the relief of vomiting, which was moderate, and the condition of the urine. No real improvement ensued. The condition of the urine and the other symptoms continued practically unchanged, and to them were later added more marked evidences of uremia—headache, stupor, coma. In this condition the patient remained for twenty-four hours, and died November 19, 1895.

The autopsy was performed about twenty-four hours after death. The body was that of a well-developed, well-nourished female, with an exceeding amount of adipose tissue. There was no cedema; post-mortem lividity and post-mortem rigidity were marked. The lungs, excepting a minor grade of emphysema, were normal. The left ventricle of the heart was slightly hypertrophic; the mitral, aortic, tricuspid, and pulmonary valve-leaflets, apparently normal. The aorta exhibited slight

* Read before the Philadelphia County Medical Society, January 8, 1896.

atheroma. The liver, spleen, pancreas, and gastro-intestinal tract were normal. Embedded in a great quantity of perirenal fat, from which it was difficult to separate it, the right kidney was found much enlarged, the enlargement being due to the presence of a quantity of fluid. During the extraction of the kidney a small puncture was accidentally made in a greatly atrophied portion of the organ near the summit, and a large quantity (estimated at about a pint and a half) of yellowish sero-purulent fluid and thick grayish-yellow, crumbling, grumous, or putty-like flakes escaped. Incising the kidney, a large stone was encountered occluding the ureteral outlet. The pelves and calices were immensely dilated, especially in the upper part of the kidney. The renal substance was much decreased in thickness, particularly in the region where the puncture mentioned was accidentally made; here it was not more than an eighth of an inch thick. The organ was in reality transformed into a veritable many-chambered cyst, the various compartments of which opened into the dilated pelvis. The dilated calices were filled with flakes similar to those already noted. When they were washed away the mucous membrane bore a resemblance very much akin to the flakes, being dull, grayish-yellow, opaque, thickened and eroded. The atrophy of the kidney was in places so extensive as to be almost complete, the proper renal substance being apparently replaced by a connective-tissue envelop.

The left kidney also was embedded in a great quantity of fat, and was about normal in size. On section, about two ounces of thick, creamy, greenish-yellow pus escaped, and two stones lodged in the pelvis and extending into the calices were encountered. Washing away the pus, no flakes similar to those found in the right kidney were present, but the mucous membrane of the pelvis partook of the same characteristics as did that of its fellow. The proper renal structure was much atrophied and was in places difficult of separate recognition. The adrenals exhibited no abnormality. The ureters were dilated above, and their mucous membrane turbid and lustreless. The bladder contained a small quantity of cloudy urine, but no calcu-

lus. The bladder-wall was not particularly altered. The genitalia were apparently normal.

A later microscopic examination of the grumous flakes revealed them to be composed of degenerated epithelium, pus-cells, and indeterminate debris.

The largest stone, the one lodged in the right kidney, weighs 7.7 grams. It is V-shaped, hard, and externally is of reddish-brown or brownish-black color. On section it is of a paler or dirty-brown color and presents an appearance akin to that of cancellous bone. Of the two calculi from the left kidney, the larger weighs 5.6 grams, the smaller 3.1 grams. The smaller, of brownish-black color, is wedge-shaped with a lateral protuberance. On section it is light-brown in color and distinctly lamellated. The larger one, in color between a dirty-gray and reddish- or brownish-black, is somewhat coral-shaped, indicating extension into the various calices. The three calculi are composed of urates, especially of ammonium, ammonia-magnesium phosphates, basic magnesium phosphates, and neutral calcium phosphates. The urates, while distributed to some extent throughout the calculi, are more particularly confined to the surface. No nucleus of any different formation was discovered.

The case is thought interesting from several points of view—in its clinical bearing, in the pathologic bearing, and in its therapeutic bearing. Reasoning from the pathologic to the clinical, it is really remarkable that a patient with such extensive organic destructive disease of the kidneys should for so long a time be devoid of any symptomatic indication. The few and trivial manifestations of pathologic processes presented by the patient during the last year of her life were so slight as to occasion no discomfort or concern and to lead to the employment of no measures for their betterment. It was not until the accidental discovery of the abdominal mass that her condition was thought to call for medical attention. At this time the renal condition can have been but slightly different from that found post-mortem. The presence of calculi was not considered probable, as no symptoms whatever of renal stone were present, save the pyelitis. The causa-

tive relationship that the former, however, holds to the latter was of course borne in mind, but otherwise there existed no symptoms upon which to base such a diagnosis. The clinical fact of renal as well as other calculous formations being often present in the body, without occasioning distinctive symptoms, is well known. The extensive destructive disease of the kidneys steadily progressing without symptoms until the increasing involvement of the renal parenchyma, occasioned manifestations of uremia, is however, rather unusual and extremely interesting.

From a diagnostic standpoint, but also bearing upon treatment, it is of service to recall the recent communication of Howard Kelly, upon the "Diagnosis previous communications upon disease of of Renal Calculus in Women" as well as related organs.¹ Kelly not only directs our attention to the long acknowledged serviceable catheterization of the ureters, but adds other refinements of diagnosis in the nature of renal catheters and bougies, by means of which a direct examination of the kidneys is accomplished and unmistakable and positive signs of renal calculus may be elicited. In the case now reported, the presence of the tumor on the right side, in conjunction with the other evidences of pyelitis, rendered certain that the right kidney was affected, but established no criterion as to the health of the left one. Catheterization of the ureters and direct examination of the kidneys as suggested by Kelly would probably have furnished a basis for diagnosing the calculous form of pyelitis, and would certainly have rendered evident the bilateral nature of the affection.

It is this latter fact, the involvement of both kidneys, that lends an added interest to the case. Renal calculi and their sequelæ, pyelitis and other affections, are usually unilateral. In considering the question of surgical treatment it is essential to determine the condition of both kidneys, and one may not assume, as is too frequently done, that such disease of one kidney presupposes an intact fellow—a question of easy determination in women. It is in this

connection that the suggestions of Kelly are of great import, for in such cases, while we may not be able to effect a cure either by surgical means or otherwise, it may often be possible by means of renal catheterization, to produce at least temporary amelioration of symptoms and prolongation of life by renal medication.

The case was observed in the private practice of my father, Dr. Joseph V. Kelly.

PHYSICIAN—Your husband must stop all work, all thought, everything.

WIFE—He would never consent to absolute idleness.

PHYSICIAN—Then we must fool him into imagining he is busy. I'll get him appointed a member of the Board of Health.—*New York Weekly*.

"No, Willie, my dear," said the little boy's mother, "no more cakes to-night. It is too near bedtime, and you know you can't sleep on a full stomach."

"Well," said Willie, "but I can sleep on my back."—*Harper's Round Table*.

BURKE—"I heerd yez are on a shtrouke, Casey?"

CASEY—"I am. I shtruck fer shorter hours."

BURKE—"An' did yez git thim?"

CASEY—"I did. Shure, I'm not wurkin' at all now!"

PROFESSOR OF PHYSICS.—"Now, please tell me what you consider the best isolater?"

STUDENT.—"Well, from experience, I should say poverty."—*Christian Ad.*

BRITISHER.—"Have you any grand ducal halls in America?"

GOTHAMITE.—"O yes; some. The last ducal haul was ten millions cash. I call that grand, don't you?"—*Christian Ad.*

JUDGE—Have you any children, Mrs. Flaherty?

MRS. F.—Yes, yer anner; I have two livin' and wan married.

The stomach is a good servant; let his hours of repose be unbroken.

¹ *Medical News*, November 30, 1895.

² *Johns Hopkins Hospital Bulletin*, November, 1893; February, 1895; *American Journal of the Medical Sciences*, January, 1894.

SPECIMEN OF HALF OF THE LOWER JAW, WHICH HAD BEEN
REMOVED FOR EPITHELIOMA.*

W. JOSEPH HEARN, M.D.

I wish to present this specimen as an example of the sad results following delay in the proper removal of an epithelioma of the lower lip. The patient was a male, aged sixty years, who presented himself at the surgical clinic of Jefferson Medical College Hospital on November 6, 1895, suffering with a large tumor on the lower jaw, which he said had been called an ostemia. A slight scar on the lower lip attracted attention to the fact that a small ulcer had been removed by the knife one year previously. On examination of the sub-mental and sub-maxillary regions, enlarged glands were found. The growth was a secondary carcinoma with so much of the overlying skin, as well as the masseter muscle involved, that the only operation for relief was the removal of half of the lower jaw, as well as all the enlarged glands in the surrounding structures. The operation was completed with the loss of less than four ounces of blood, and was much facilitated by dividing the lower jaw in almost the first stage of the procedure. The angle of the lips was not divided. Most of the vessels were tied before their division—hence the small loss of blood. The patient made a rapid recovery, as all cases of operation about the face generally do. An extensive dissection of the skin-flaps was necessary in order to make them meet easily. No tension was permitted anywhere along the line of sutures.

Among the laity, and even among many of the profession, the term carcinoma and malignancy are synonymous. That is not, strictly speaking, true of carcinoma of the lower lip. Thorough and prompt removal will, in the majority of cases, lead to a complete cure. Many cases of my own, operated upon fifteen years ago, are still under observation.

It was not the purpose of this paper to consider the diagnosis or pathology

of epithelioma of the muco-cutaneous structures, but I wish to express the opinion that any practitioner allowing an ulcer, fissure, or nodule of the lip to remain uncured in a person over thirty years of age, and who does not operate or have it removed, incurs a responsibility that is almost criminal—providing, of course, the patient is willing to submit to treatment and to follow advice. Not only must the new growth, with a large portion of the adjacent structures, be removed, but also the sub-mental and sub-maxillary lymphatic glands and ducts as well. This may seem radical, but this practice is taught by the foremost surgical teachers of this country. If followed, it may save a life. Snow has found cells of carcinoma in the marrow of the arm within six weeks after carcinoma of the mammary gland had been discovered. Hence the necessity of early operation is evident. In all these operations the golden rule is to excise dangerous lymph-glands in the definite infective path before a late stage of their enlargement is reached.

When operative intervention is impossible on account of the extensive inroads of the disease, or if the condition of the patient forbids it, the treatment should consist in making the patient comfortable. In the London Cancer Hospital the patients are, under such circumstances, allowed to form the opium-habit without restraint. It acts by preventing the proliferation of the carcinoma-cells. Opium exerts a powerful inhibitory action upon the growth of carcinoma-parenchyma, materially checking cell-proliferation. The neoplasm kills not so much by growth at primary site as by infective metastases from this area. We all know how rapidly secondary carcinoma develops in the lower jaw. When confined to the lip its source of blood-supply is limited to one side, but when the glands are involved the blood is supplied from all sides, and hence their rapid growth.

* Read before the Philadelphia County Medical Society, January 22, 1896.

The form of opium I prefer is acetum opii. This is less constipating and agrees better with the stomach than other opiates. Local treatment of carcinoma is useless, although in cases of doubt—as when there is ulceration or fissure—I employ a favorite ointment having the following composition:

℞ Balsam. Peruviani
Unguent. Hydrargyri Nitratis . . . ʒi.
Petrolati ʒi.

M.

And if healing does not take place in two weeks, I operate at once. Carcinoma never heals in this way. In

cases of open carcinoma of the lips, the enlargement of glands may be done to secondary infection, just as may happen with any other open ulcer; but when there exist hard nodules, without ulceration and with enlarged lymphatic glands, there need be no delay, as the disease is carcinoma and nothing else. It is not within the scope of this paper to diagnosticate between carcinoma and chancre, or other affections of the lips, but merely to call attention to this inferior maxillary bone which is much enlarged and is surrounded by a mass of carcinomatous growth.

A CASE OF STAMMERING CURED BY AN OPERATION.*

G. HUDSON MAKUEN, M.D., PHILADELPHIA.

More than fifty years ago operations were performed with varying success for the cure of stammering. Among the principal ones were excision of the tonsils, and of portions of the tongue, amputation of the uvula and division of some of the fibers of the hyo-glossus and genio-hyo-glossus muscles. These operations met with opposition on every hand, and justly so, because many of them were done empirically rather than for the correction of definite anatomic defects. To amputate the uvula or excise the tongue in every case of stammering would be, to say the least, very bad surgery.

The child that I shall show this evening was referred to me for examination less than two months ago. The mother said he had a "catch" in his speech. He was nervous, and timid, and poorly nourished, having always suffered from indigestion. To what extent his stammering was the cause of these symptoms, it is difficult to say, but I believe it was one of the chief factors. Any peculiarity of speech makes an immense impression on a child. His parents always make him feel that it is a great calamity, and his playmates poke fun at him; and few children can endure this sort

of thing without experiencing great mental depression, with all its attendant physical derangements. The problem presenting itself then in every case of speech-defect is: What is the cause and what is the effect? In other words, does the stammering cause the indigestion, or does the indigestion cause the stammering? We can make no hard-and-fast rule in this matter, but every case must be a study in itself. Take, for example, the one that I presented a year ago. A young man, nineteen years of age, who had never been able to use intelligible speech, and whose general manner was almost idiotic, and health very precarious. It is now a little more than two years since I divided the anterior fibers of the genio-hyo-glossus muscle and thus loosened up his tongue and made speech possible. I then taught him to speak, and in less than a year after the operation he articulated in your presence, "Brutus' Speech Against Cæsar," with almost perfect accuracy. And now, a little more than a year later, he is in George School preparing for college, and I am told by the Principal that he is one of the brightest boys in the school, and his general health is excellent. The first cause in his case was an organic one, viz.: a short genio-hyo-glossus muscle, and this

*Exhibited before the County Medical Society, Jan. 22, 1896.

organic and congenital defect was just enough to prevent the development of the speech-faculty; and the non-development of this faculty became in its turn the cause of his stupidity and lack of physical tone.

Stammering, or any other defect of speech, should be looked upon as a disease, or the symptom of a disease, and treated accordingly by the skilled physician, and not, as is so often the case, relegated to some charlatan who claims to have made a wonderful discovery that he retails for so much hard cash, at the same time binding the unfortunate patient to profound secrecy. Any trick for the cure of stammering, applied to all cases, must be a failure, because no two cases are alike, and no single expedient, or combination of expedients, is applicable to all. The only rational method, of course, is to study each case separately, and if possible make an accurate diagnosis, as we do in any other disease.

Upon examination of the case before you, I found, in addition to what I have already mentioned, a defective tongue-action, an elongated uvula, and what appeared to be a slight adenoid thickening, although my view of the vault of the pharynx with the rhinoscopic mirror was very limited. I observed also that the child had defective vision. I asked him his name and he could not tell me to save his life, though he made frantic efforts to do so. The difficulty seemed to be at the base of the tongue, and even when no attempt was made at speech there were peculiar twitchings of the lingual and facial muscles.

After a careful study of the case at frequent intervals for two weeks, I made a diagnosis of chorea of the facial, lingual, pharyngeal, and laryngeal muscles, due chiefly to adenoid hypertrophies and in part to some deviation from the normal in the genio-hyo-glossus muscle and to defective vision. I explained the matter to the parents, and, after a consultation with the family physician, and with his assistance, I put the child under ether and divided the frenum of the tongue well back, and then with my own modification of the Gottstein curet I removed a mass of tonsillar tissue from the vault of the pharynx fully as large as a black walnut. I was surprised at the size of this

tonsil, for, aside from the chorea that I have mentioned, he had few of the symptoms of adenoid vegetations.

The child made a rapid recovery from the operation and came to my office on the second day thereafter. Frequent lingual traction was made to keep the cut edges of the frenum from uniting, and the tongue has now a full half-inch increase of protrusion, and the protrusion is almost straight, whereas before the operation it was a half-inch to the right of the median line.

Had the child not improved so much in speech I should have considered the advisability of dividing a few fibers of the genio-hyo-glossus muscle on the right side in order to correct this irregularity, but the improvement has been so rapid I have thought further operative interference unnecessary. He has not had a single "catch" in his voice since the operation. The after-treatment, besides the application of glasses to improve his vision, has been along the line of elocutionary drill directed toward the correction of several little faults of speech that were more or less closely related to the main trouble. For instance, he has had a tendency to talk more rapidly than is compatible with good speech, and as a result of this there has been a frequent repetition of certain syllables. This constitutes a kind of stutter that is very different from the more serious spasmodic muscular contraction that characterized his former attempts at speech, and which is not yet entirely eradicated, although at times it is scarcely noticeable.

Before introducing the boy I shall briefly review the case. His speech had never been good, and for some time past it had been growing progressively worse until it threatened to wreck his future usefulness. Not only were the muscles controlling his vocal and oral expression affected, but those controlling his facial expression as well, as was shown by various kinds of contortions and grimaces. I clipped the frenum of his tongue and removed a large pharyngeal tonsil, and then gave him vocal exercises, the character of which I shall presently show you.

Ten days after the operation Dr. de Schweinitz examined his eyes and sent me the following report:

"Refractive error; hypermetropia,

with congenital amblyopia of the right eye, vision amounting, under the best correction, to not more than two-thirds of normal, while in the left eye the vision was entirely normal. Both optic discs were slightly congested, with undue prominence of the central lymph-sheaths and many lymph-reflexes throughout the retina. There was insufficiency of one degree of the external recti. The ocular symptoms were much wrinkling of the occipito-frontalis and occasional headache. The refractive error was corrected, and it was advised that the glasses should be worn constantly, and that the functions of the

right eye should be developed by separate exercises."

This instruction has been carefully followed, and a week ago I removed the tip of the uvula, which was too long and which acted as an irritant to the throat, and as a result the voice is somewhat clearer. The boy has evinced rather more than the average intelligence and will-power, and his mother has assisted him greatly in carrying out my directions.

As I have said, he could not tell me his name, and I shall now show you what he can do after less than two months' treatment.

TRANSLATIONS.

MEDICAL PRACTICE ABROAD.*

(Formerly Therapeutic Suggestions from Foreign Journals.)

Uncontrollable Vomiting of Pregnancy.

Maygrier (*Société obst.*, April, 1896) was called to a pregnant woman, twenty-five years old, who presented a complete gastric intolerance during a whole month, the vomiting taking place some minutes after ingestion of any food and even liquids. On account of the frequency of the pulse and the respiration, and after having failed to cure with a regular diet, electric treatment was employed. A positive electrode of small diameter was applied to the inferior insertions of the sterno-cleido-mastoids; the larger negative electrode to the epigastrium. An electric current of ten milliamperes followed the course of the phrenic nerve. This was done during twenty minutes, morning and evening, but without any result. Capsules of cerium oxalate had no influence either. The state of the woman being critical, abortion was decided upon. A laminaria tent was introduced in the cervix uteri, and the dilatation completed by means of the Champetier de Ribes's balloon. As soon as the dilatation was sufficient, a curetting was performed and *tinctura iodi*

applied. The vomiting stopped suddenly with expulsion of a fetus two and one-half months old.

Treatment of Scab with Balsam of Peru.

Julien and Descouleurs (*Presse Méd.*, April, 1896) experimented with balsam of Peru on 300 patients with the following results: The balsam has a toxic influence on the acaria. Placed on a watch-glass, in contact with sulphurous vapors, these insects remain sixteen hours without dying, while in contact with balsam of Peru they die after ten minutes. It is presumed that cinnamon, the volatile oil, is the essential part of balsam of Peru and kills the sarcoptes by asphyxia and by a corrosive action, but not by a simple inhibition.

Use no preliminary soap-lotion, but spread with a brush a thin layer of the balsam; a bath is given soon after.

Julien recommends the application at bed-time and the bath the next morning. There is no inconvenience from prolonged use of the drug, as it does not cause any irritation. The authors think it is indicated even in impetigo, ecthyma, furunculus, eczema, debility, cardiac affections, albuminuria; also for

*Translated for THE MEDICAL AND SURGICAL REPORTER by A. Gordon, M.D.

women during the menses, and everyone else to whom baths are for any reason forbidden. Nurslings, whose skin is delicate and who consequently cannot support the usual rubbing, support this application readily.

Permanent Drainage of the Peritoneal Cavity in Ascites.

Dr. Nalty performed an abdominal paracentesis by means of a small trocar on a patient of sixty-five years. (*Sem. Méd.*, 1896). After about two litres of serosity had been removed he introduced a capillary tube through the trocar, which was then taken away and the small tube left fixed with diachylon. After ten days, during which twenty-five litres of serosity ran out, the ascites and œdema of the inferior members disappeared completely. Then Dr. Nalty took away the drainage tube and obturated the orifice of the puncture with diachylon. The recovery has been complete. Dr. Nalty presumes that the permanent drainage, which avoids the shock caused by hasty evacuation of the ascitic serosity, is preferable to the usual procedure of paracentesis and may be employed not only in ascites, but also in hydrothorax.

Treatment of Cancer.

Hué (*Méd. Mod.*, 1896) impressed by the efficacy of arsenical paste in canceroids experimented with arsenious acid injections in the cancerous tumors by means of Pravatz's syringe using the following solution :

Arsenious acid	0	20	(gr. iv).
Chlorhydr. cocaini . . .	1	00	(gr. xv).
Aq. dest. bull.	100	00	(3ijss).

He injects into the cancerous fissure several cc. The injections, if made every two or three days and even more rarely, are not painful. He has made the injections only in inoperable cases and although he has had some failures, he obtained considerable ameliorations and even some relative recoveries. In all the cases he observed a delay in the evolution and the course of the tumor.

Treatment of Attacks of Migraine.

Dr. Critzman (*Méd. Mod.*, April, 1896) thinks that migraine, being an alteration

of the equilibrium of the cranio-cerebral circulation, must be treated by diminishing the hyperæsthesia of the painful region by sprinkling with Seltz-water, and immediately after making a bilateral compression of both temporal arteries, employing cork and a bandage of wet gauze. Every two hours one of the following powders are to be taken :—

Antipyrine	0	50	(gr. x).
Sparteine sulfat.	0	02	(gr. ss).
Citrate cafeini.	0	10	(gr. ij).

After the pain has disappeared, four of these powders are to be taken daily.

In case there is gastric intolerance, the powder can be administered in enemas.

This treatment aborts the attacks, suppressing at once the pain and nausea.

Chronic Constipation with Flatulence.

Merkel (*Méd. Mod.*, 1896) finds that rectal insufflations of boric acid succeed particularly with persons affected with chronic constipation accompanied by accumulation of gases. The operation is performed by means of an ordinary insufflator, of which the canula (with an opening of F-10 mm. in diameter) is introduced in the anus. Two to four grm. (gr. xxx-lx) are insufflated every time. In fifteen minutes the first insufflation is followed by an abundant evacuation of feces with gases. When insufflations are made every two or three days they regulate the stools. The complete cure of chronic constipation can occur only after four or six weeks.

Trional as an Hypnotic and Sedative in Internal Diseases.

Spitzer (*Wiener. Klin. Woch.*, 1895) thinks that trional is an excellent hypnotic in heart- and lung-diseases. No noxious effect has been observed, except an inclination for vomiting in some cases. The hypnotic and sedative effect is remarkable in severe intercostal neuralgia, rachialgia, sciatica, etc. Trional most nearly approaches morphin in its effects. The dose should not be greater than two or three grm. (gr. xxx-xlv) for men and 1 grm. (gr. xv) for women.

1853-1896

THE MEDICAL AND SURGICAL REPORTER

ISSUED EVERY SATURDAY

THE BUTLER PUBLISHING COMPANY, Publishers

Editor and Manager

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Associate Business Manager

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Editorial and Publication Offices, 1026 Arch Street, Philadelphia, Pa.

P. O. BOX 843

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TERMS:—One year, three dollars in advance. Four months' trial, one dollar in advance. Subscriptions may begin at any date.

REMITTANCES should be made by Draft, Money Order or Registered Letter, payable to the order of the Butler Publishing Company.

COMMUNICATIONS for the Editor, and books for review, should be addressed to the Managing Editor of the MEDICAL AND SURGICAL REPORTER, 1026 Arch Street, Philadelphia.

BUSINESS COMMUNICATIONS, and letters referring to the publication, subscription or advertising department, should be addressed to the General Manager, P. O. Box 843, or 1026 Arch Street, Philadelphia.

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PHILADELPHIA, SATURDAY, MAY 23, 1896.

EDITORIAL.

THE MEDICAL POLITICIAN.

There are two kinds of medical politicians, the physician who dabbles in ordinary party politics and the one who imitates the methods of the ward-heeler in attempting to control medical societies, colleges, hospitals and similar institutions. As to the former, only a few words are necessary, since his work in politics does not affect his medical associates nor does the fact that he holds a medical degree have much direct bearing on his political life. In every campaign in which a physician is a candidate or an active helper, criticisms are offered that he ought to spend his time in the practice of his profession and that his patients are being neglected. There is

some degree of truth in such criticisms but the present surplus of physicians relieves any particular member of our profession from the duty of awaiting a possible emergency call and makes it rather a generous act than a neglect of responsibility to refer a patient to a brother practitioner. A man with any business or profession must, if he engages in politics, neglect his avocation to some degree and sacrifice the privilege of privacy. Personally, we cannot understand how busy and respectable men will make such sacrifices for the equal chance of humiliating failure and of success which carries no proof of genuine ability, while, in either case, insult and

carping criticism are inevitable. Yet we appreciate that no country can be well governed if its politics are in the hands of men who depend upon such occupation for their living or of wealthy idlers who are simply amusing themselves with the ups and downs of a great game. But we do not see why any argument against entering politics should apply to the physician with especial force. In fact, we have always held that the physician, outside his professional duties, should be bound by no rules of conduct or manners to a greater degree than other men.

The medical politician whom we especially wish to consider, is the one who has no justification of patriotism or of devotion to party principles. As a rule, he has not even the excuse that he owes his living to his machinations, but the latter are simply the expression of a desire to override his fellows and to gratify his vanity even at the loss of self-respect and, strange as it may seem, of the respect of others. We can readily appreciate the sense of gratification which attends the spontaneous choice to some honorable office in a medical society. We can understand how the college boy of immature judgment and weak principles can gloat over a class presidency obtained by shrewd calculation. But it is difficult to explain the make-up of a man who has reached middle life and has been engaged in so serious a profession as medicine, borrowing the methods of a ward-heeler for the notoriety of presiding for a few hours over a body of men, most of whom must realize to what means he owes his office and despise him accordingly. Yet such a spectacle is so common as to pass almost without comment, and, in some societies, it is a matter of remark if an office is bestowed as a spontaneous tribute of respect and confidence.

It is unfortunate but, under present

circumstances, inevitable that opportunities for college and hospital service should depend largely on influences extrinsic to actual fitness. Fortunately, it is most exceptional that an unfit person is chosen to such a position, and influences to which the term "political" is in the least appropriate merely determine the selection of one out of several worthy competitors.

The physician is introduced to the study of medical politics as soon as he begins to take his place among his fellows, if not before his graduation. Our first experience was in securing an appointment as interne. We were selected from some twenty applicants, not for reasons in which pride might be taken, nor from any personal acquaintance—and this, we believe, is exceptional when examinations are not held—but, as we were subsequently informed by an exceedingly disappointed member of the visiting staff, with the idea that we would prove plastic material in their hands. This hospital was the ground of contention for a number of parties, all in specious concord, but each seeking by fair means or foul to overreach the others. Here was afforded the sad yet interesting study of a man destined by heredity and native talent to take a high place in his profession, but neglecting his opportunity to advance medical art and science, and even failing to keep abreast of the times, while prostituting his abilities to petty schemes of subverting executive power and of demonstrating his authority over subordinates and even his peers of the visiting staff. We would hesitate to recall a personal experience were it not that the characters thus briefly and imperfectly delineated might apply to so many medical communities, that all individuality is lost.

We cannot expect perfection of human nature; altruism is still a long way in

the future; even civil-service rules cannot be applied to professional preference, and personal influence must be recognized as a powerful—perhaps a desirable—factor in human life; but we believe that fair dealing should be insisted on by every self-respecting, and not too self-seeking, member of our profession. The medical politician sometimes gains his ends by fawning on his associates. More often, however, he assumes the air of a bully and strives, with altogether too much success, to enforce a literal interpretation of the doctrine: "To him that hath, shall be given." We regret that the bully politician, whether his ambition be the presidency of a society or the control of

his colleagues on a college or hospital board, or the usurpation of prestige and special privileges in practice, too often manages to inspire such a fear of opposition that his wishes become the law of the circle in which he moves. As a rule the medical politician does not assist others, but depends on the favors of the profession, although he carefully cultivates the impression that he confers an honor in accepting a tangible benefit. To those who stand in awe of him, we suggest that the man who does not help another cannot well hurt him without so obvious a display of malice as will be self-destructive. It is the beneficiary, not the benefactor, who must suffer from the severing of friendly relations.

ABSTRACTS.

"WHAT FOOLS THESE MORTALS BE!"*

When the Bard of Avon thus wrote he doubtless had in mind the average physician. The business depression, which has existed for so long that memory of man runneth not to the contrary, has hit the doctor probably to a greater extent than anyone else, not even excepting the lawyer. The cry in the medical land is, Hard times! Families have to be reared and rent must be met, and the butcher and the baker expect their pay for the sustenance bought of them, and the doctor groans as he looks at the wrong side of his ledger and wonders why Mr. — does not pay him for the babe brought into the world or for the appendix successfully excised.

Meantime the great charities of the country, the hospitals, are erecting new and costly edifices and ultra-expensive operating rooms, in order that the paupers, so called, may be fitly housed, and, where the need exists, operated upon amid surroundings such as a monarch of the effete dynasties of the Old

World would be glad to occupy as a dwelling. The doctor and the surgeon make their rounds in these palatial abodes, giving drugs here and wielding the knife there, spending hours of time and years of brain-work in alleviating the sufferings of the inmates. The superintendent of these hospitals is amply paid, the ward-tenders and the nurses, and even the lawyer, when it becomes necessary to employ one, and the doctor and the surgeon receive—*nothing* except experience! It is impossible to pay the butcher and the baker and the landlord on *nothing*, and year in and year out we find the medical profession catering to the desires of the incorporators of these too frequently misnamed "charitable" institutions—misnamed in that scarcely any discrimination is shown in regard to the sufferers admitted, for whom the enormous amount of money has been expended in buildings and in fittings, while the doctor, the man who after all should be paid the highest, gets nothing but experience!

* Editorial in *American Medico-Surgical Bulletin*.

Now would not the times be less hard if the profession with united voice would insist on those who incorporate these palatial abodes realizing that they are as nothing compared with the man who endeavors to cure disease and to eradicate ills? Why should not the hospital surgeon receive his adequate reward, from a financial standpoint, from private incorporated hospitals, even as does the lawyer when employed, or the minor attendants who give their time and their skill within the walls? All this carries no implication of lack of charity. It is not the pauper who is going to pay, but the wealthy men and women who lend their names and give of their abundance toward the erection of these hospitals. To go a step further, should not the State remunerate the physicians who faithfully serve the real paupers? The principle which underlies the existing state of affairs is wrong from its foundation, and the time is opportune for physicians to mass together and insist on remuneration adequate to the mental anxiety, the skill, the time spent in attending even to the poor in institutions. Sweet charity is a term of glorious meaning, but it in no sense calls upon a body of men for the amount of sacrifice which medical men constantly make, without reward here, except possibly a little fame, whatever the future may hold out to them. The profession of medicine is indeed the noblest of all, but man cannot live and support a family on such record; and even as it is the duty of the State to care for its paupers, even so should it become the duty of the State to properly remunerate those without whom it could not care for them.

What fools these mortals be! In no profession aside from medicine is it the custom not to expect prompt payment for services rendered, and yet how many professional men infuse even an iota of business methods in the collection of their accounts? Because, forsooth, certain professional men, born with gold spoons in their mouths and therefore not obliged to give thought to the morrow, have set the custom of rendering quarterly, half-yearly, or even yearly accounts, the rest seem to follow like so many sheep, for fear of antagonizing patients. All this is wrong and incon-

sistent with those business methods which are at the bottom of successful breadmaking. Only the man with ample capital can afford to wait six months for payment of accounts. The average doctor is fortunate if he have enough in bank to tide him over one month, and therefore the need of prompt pay for prompt and efficient service. The man who owes the doctor a bill is the doctor's enemy until the bill has been paid. He is most likely to pay it promptly while the feeling of gratitude for service rendered is present to its fullest degree, and, furthermore, if the truth were known, the average layman is glad to know monthly what the exact amount of his indebtedness is. Again, were prompt payment made for prompt service, the chances are that both layman and doctor would be better off, in that it would not be necessary for the one to hesitate to send for his medical adviser early in the course of a disease, lest he should respond grudgingly, the bill being unpaid; and the latter would be the better off, in that his efforts at cure would not be so frequently nullified by the fact that he is called long after the disease has made progress beyond the reach of skill or drug. The medical man would suffer the less from want and anxiety during his lifetime, and he would less frequently leave his wife and children in want when his life is sacrificed, possibly through very devotion to some critical case, were he expected to send his statements in promptly, and were it evident that he insisted upon being paid the *first* instead of, as is the custom, *last or not at all*.

In other respects these mortals be fools, but mostly because they themselves help charity to be abused, and forget that charity of the ripest type begins at home. The infusion of business methods into the practice of medicine does not rob the profession of one jot or one tittle of nobility, but, on the contrary, adds to its common sense. There is ample room for both common sense and charity of the right sort in this world of the medical man; and when he ceases to make a fool of himself after the fashion dwelt upon, he will have more time for charity, particularly that kind which cares for the present and the future of those dependent upon him.

SOCIETY REPORTS.

THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

[OFFICIAL PROCEEDINGS.]

STATED MEETING held January 8, 1896.

The President, DR. J. C. WILSON, in the chair.

DR. CARL SEILER read a communication on
"THE IMPORTANCE OF SPECIFIC GRAVITY
IN LIQUIDS FOR TOPICAL
MEDICATION."

[See page 648.]

DISCUSSION.

DR. JOHN C. DA COSTA took exception to the statement made by Dr. Seiler, that it is the practice among gynecologists to prescribe an indefinite quantity of a salt, or of boric acid and the like, to be dissolved in an indefinite quantity of water, to be used for a vaginal douche. On the contrary, it is the custom to order a definite quantity of the salt to be dissolved in a measured pint, or two pints, of water. For instance, a teaspoonful of salt in a pint of water makes very nearly the normal salt solution which has been referred to. As for other solutions to be used for wounds, it is a question whether or not the specific gravity has as much to do with the resulting irritation and the like, as the character of the solution. Thus, a solution of mercuric chlorid, 1-2000, has produced erythema and considerable local irritation; whereas ordinary salt-solution of this strength would cause no irritation. Another illustration that it is not the specific gravity of liquids that is of the most importance, is that of distilled water, which is not irritating and is one of the best dressings for wounds. Glycerin is irritating, not on account of its specific gravity, but because of its great affinity for water; and failing to get water from dry surfaces, attracts it from the deeper tissues.

DR. SEILER admitted that he had not had any experience with gynecologic cases; but he could recall many instances in the country in which just such indefinite instructions were given as he had mentioned in his paper. With regard to the statement concerning glycerin, it may be said that it attracts water on account of its increased density, which makes a demand for moisture from the tissues. Glycerin in the air does not attract water, and applied to the dry skin it will not cause irritation; but if there are cracks in the skin it will draw water from the blood-vessels by osmotic action.

DR. JOHN C. DACOSTA related, in regard to the hygroscopic character of glycerin, that a certain druggist had the reputation of taking

the heads out of his barrels of glycerin on damp days in order to increase the quantity.

DR. A. O. J. KELLY read a paper on

"CALCULOUS PYELITIS."

[See page 651.]

DISCUSSION.

DR. J. P. CROZER GRIFFITH commented upon the fact that in the case reported the two kidneys were affected. This in its turn suggests caution as to possible surgical interference, which might have been undertaken in the case. This patient was living, until within a short time before death, in comparative comfort. If a tumor had been found upon one side of the abdomen and pus in the urine, coming from the kidney, and had doubt existed whether an abscess had opened into the kidney or pyonephrosis existed, an experimental incision might have been made and the kidney removed. The death of the patient would at once have followed. Cystic kidney is common as a congenital condition and generally is bilateral. Dr. Griffith referred to two cases in which a cystic kidney was removed, the operator not knowing that the other kidney was diseased, and the patients died.

The diagnosis of these diseases of the kidney is involved in great difficulty. For instance, the disease may begin as a nephritis, then pass into pyelonephritis, and finally into pyelonephrosis. Finally, calculus may form and complicate the case still further. The question then arises whether the calculus is located in the kidney or in the bladder. When in the bladder, vesical symptoms are likely to be present—frequent urination, pus in the urine, which is of alkaline reaction. The existence of acid urine leads to the conclusion that the kidney is the site of the disease, and not the bladder; but in some cases the urine may be acid and contain pus, and the introducing of a catheter show that the urine coming from the kidneys is healthy, and that from the bladder contains pus. In the case of a boy ten years of age, in which the diagnosis rested for a long while between Potts' disease and calculus of the kidney, the pain in the back, especially upon movement, led to the suspicion of Potts' disease; but the presence of pus in the urine, with uric-acid crystals, established the correct diagnosis and treatment. The result was entire recovery with disappearance of the uric acid.

The diagnosis between pyonephrosis and movable kidney is sometimes difficult. When pus is found in the urine with crystals of calculus, the diagnosis is plain; but sometimes

there are no such conditions of the urine present and crises of pain may occur just as in movable kidney, making the diagnosis difficult.

DR. A. J. DOWNES related a case that had been under observation for three years, in which the amount of pus in the urine was very great. The patient had had renal colic and had also passed stones. The urine was very turbid. The man had a pyonephrosis and stone probably in the left kidney and was consulting on the advisability of having an operation performed. He was advised to have a preliminary supra-pubic cystotomy performed, under local anesthesia if possible, in order to find out the condition of the right kidney before attempting an operation on the diseased kidney. The man had a large family, and was in bad condition for operation, and it was feared that he might not take the anesthetic well on account of the condition of the kidneys. The urine was very turbid, and differential diagnosis with the aid of the cystoscope, as to what is emitted by each ureter, was impossible, as in a few minutes after washing out the bladder its contents became opaque from mixture with the incoming urine. Preliminary cystotomy was proposed in order to have the opportunity, as in the female, of catheterizing the ureters to determine the condition of each kidney. The specific gravity of the urine was 1010, the quantity from ninety to one hundred ounces in twenty-four hours; but the man had been drinking large quantities of lithia-water for some time and he was passing water freely as the result. It might be very dangerous to operate upon the left kidney in this case without knowing the condition of the other.

DR. HOWARD S. ANDERS related a case treated conjointly with Dr. Willard, in which a man who had a pronounced uric acid diathesis, presented evidences of bladder-irritation and pus in the urine. On passing a sound a clicking was heard, giving evidence of stone in the bladder. Dr. Willard advised supra-pubic cystotomy, and this was done; a small vesical calculus was found, of irregular form and dark color, resembling a grain of giant gunpowder. After the incision healed, the urine continued purulent. The reaction of the urine had been acid all the time, with signs of bladder-irritation. The pus in the half-gallon bottle, which was used to collect the urine, formed a layer from a half to one centimeter in depth. The specific gravity was 1018, and the supernatant urine was tolerably clear. One morning, about a month after the supra-pubic incision had healed, Dr. Anders was sent for in haste. The patient had come down stairs to the library, grew very pale and faint, and in a short time died. The question came up as to the cause of death. The autopsy revealed pyonephrosis, with a large pus-sac containing numerous uric-acid calculi. The pus-sac contained a strong pyogenic membrane continuous with that in the pelvis of the kidney. In the heart the coronary arteries were infiltrated with calcareous de-

posit and the right coronary orifice was also calcareous and exceedingly small. This vascular condition had been the cause of sudden death. The left kidney presented a condition of pyonephrosis, with numerous granular, dark, uratic calculi. The case is interesting from the fact that during life there had been no evidence of such marked renal involvement, except the persistence of pyuria after the supra-pubic cystotomy, and after all causes of bladder-irritation had been removed.

DR. F. S. PEARCE stated that in some cases of pyonephrosis the opposite kidney is wanting; i. e., there may be only a single kidney present. He related the case of a woman who died of erysipelas, at the autopsy only one kidney and that badly riddled with pus-sacs being found; almost all the structure of the kidney was gone, and the remains were filled with small calculi and scales of uric acid. If, in this case, an operation had been performed, the patient would have perished. In another case in which litholapaxy had been performed, and later, to relieve symptoms, supra-pubic cystotomy, with washing out of the bladder for several months, the patient finally died with uremic symptoms. In this case it was thought that the operation had made the bladder smaller and the contraction had forced the debris back into the kidney, causing more rapid double pyonephrosis, as found at autopsy. Certainly the bladder was very small. In either of the cases cited an operation would have been dangerous and proved ultimately fatal in one.

DR. DOWNES did not think that it ought to be difficult to diagnose between pus in the bladder and pus in the kidney. If the bladder be washed out thoroughly with dilute hydrogen dioxide and then flushed out clean with hot sterile water until the fluid returns perfectly clear, by waiting fifteen or twenty minutes sufficient urine can be secured, as it comes directly from the kidney, for examination.

DR. THOS. S. K. MORTON stated that the ureters of the male have been catheterized. One of the surgeons connected with the Johns Hopkins Hospital had performed the operation six or seven times, and one or two others are reported as having accomplished the feat. It is said to be very difficult. It has been stated that Dr. Nitze has modified his ureterscope so that by its aid the male ureter may be catheterized. Whether it would be easy or difficult to catheterize the ureters after a supra-pubic cystotomy, it would be hard to say, but from the trouble encountered in intra-vesical manipulations in some cases, it is likely that it would be very difficult.

DR. KELLY added that he considered the case especially interesting because of the latency of the symptoms until such a short time prior to the patient's death, and that the bilateral character of the lesion suggests *festina lente* in thinking of surgical interference in such cases.

Stated meeting held January 22, 1896.

The President, DR. JAS. C. WILSON, in the chair.

DR. C. D. SPIVAK presented

"FOUR CASES OF CONGENITAL NEVI."

(ABSTRACT.)

He stated that he had presented the cases with the object not so much of instructing the members, but rather of being instructed by them. They represented various forms of vascular nevi. Dr. Spivak did not attempt to go into the pathology or the etiology of the cases, but presented them for clinical study.

The first case, a child three months old, had a single nevus upon the forehead. When first noticed it was the size of a pea, and was located at the root of the nose on the right side; but it had increased so as to extend over the bridge of the nose and also involve the whole structure of both eyebrows, causing marked disfigurement.

The next patient was eleven months old, and the lesion existed on the right side of the chest. When first seen it was not one-fourth its present size. It had increased in thickness as well as in area. One would suppose that these nevi would increase in the same ratio as the general growth of the body, but in this case the increase had been more rapid than the development of the child.

The third case was one of multiple nevi in a child nine months of age. There were several small aneurismal growths upon the scalp and one on each temple. The latter were diminishing in size, in evidence of the fact that these growths may spontaneously disappear. There were a number of them upon the body; *e. g.*, five upon his back and one upon the abdomen. One was upon the right palm, and in process of disappearing; and one was on the big toe, and was also disappearing.

The last case, in an infant eight months of age, exhibited a peculiar congenital growth upon the scalp, which appeared to be a nevus. It was of lighter color than the rest, firmer in texture and distinctly lobulated. The mother said that it never swelled up and had always been the same size.

In none of these cases was there any element of maternal impression or anything of the kind, so far as could be ascertained.

DISCUSSION.

DR. ERNEST LAFLACE states that nevi are always interesting and that the cases presented were good examples of the different forms. The word nevus is perhaps not the best one, or not as correct a term etiologically or histologically to describe the condition as angioma. The cases presented were really illustrations of angiomata, of tumors consisting of blood-vessels exclusively. Microscopically, the tumors consist largely of capillaries, and generally more venous than arterial. They are made up of vessels that have only two coats, lacking the muscular tunic or only possessing traces of it. They are fibrous tubes,

with traces of cellular tissue. There is nothing extraordinary about an angioma of such character, except that it is a vast network of what would be otherwise the capillaries of the skin. The growth extends between the layers of the skin, without following the blood-vessels through to the papillae beneath. If such a formation were cut through one would still be above the deeper layers of the cutaneous epithelium. At the red border of the growth the four layers of skin are present and show the vascular network. For some reason or other, either irritative or otherwise, these blood-vessels on the surface of the body have grown out of proportion to the surrounding structures of the skin. There being no epithelial layer to confine the blood-vessels and prevent them from growing, the only treatment to adopt is by some means to prevent their further growth—such as puncture with the thermo-cautery, in order to cause reaction, the object being to convert the mass into fibrous tissue. This is done in several sittings, as much being accomplished at one time as the patient can stand. In the case of a little patient, more than 120 punctures were made in the course of twelve sittings.

The fourth case presented partakes of the nature of a papilloma; but the growth is not composed of the papillary layer of the skin exclusively, and it might be called an angio-papilloma. It probably consists of large blood-vessels growing as a papillary tumor. If the child lives the tumor will also continue to develop. It has a nutrient artery of its own and the papillary character of the growth is becoming obscured and it is spreading by increase in the vascular elements mainly.

DR. CARL SEILER stated that there had been presented three different varieties of birth-mark or nevus. The fourth case he considered a different kind of tumor, that is to say, an angiomatous papilloma. The others appeared to be true angiomas. Whether a nevus develops as the result of irritation of the skin or of atmospheric pressure, or what not, he was not prepared to say, but a true spongy, cavernous tissue nevus does grow; as there is absolutely no pulsation, however, in the first case, the formation is an ordinary angioma constituted of venous sinuses, there being no difference between these vessels and venules elsewhere in the body. On the other hand, in the cases in which the tumor consists of arterioles and capillaries as well as venules, the same influence that causes the others to grow, *i. e.*, want of pressure, causes these to shrink.

As regards treatment, it was agreed that galvano-puncture is the best, except in instances in which the growth is of such character that its base may be readily encircled by a well-waxed cord and strangulated.

DR. HARRISON ALLEN thought electrolysis the best treatment in all cases. He reported the case of a child-in-arms, probably not above fourteen months old, that was brought

to him about a year before with a nevus, the size of a pea, at the end of the nose. It was a venous swelling, congenital in origin, and was increasing in size, so much so that a physician who had had charge of the case in a neighboring State, had attempted ligation. A distinguished surgeon had also been consulted, and advised ablation of the whole mass and making a new nose by a flap from the forehead. Dr. Allen told the parents that he thought something could be done for the child by electrolysis. He had made for the purpose a positive needle which was covered with shellac to within about one-third of an inch of the free end. This needle was pushed into the cheek through the skin at a point outside of the limit of the growth. Only enough current was passed to whiten the tissue. The first application was very cautiously made, the next less so and the others with perfect freedom. The tumor could be seen to shrink under the treatment until it disappeared. If the needle had been thrust into the growth directly, there would have been a furious hemorrhage.

DR. W. JOSEPH HEARN presented a
"SPECIMEN OF EPITHELIOMA OF THE
LOWER JAW."

[See page 654.]

DISCUSSION.

DR. DEFOREST WILLARD stated that about a year and a half before he had removed half of a lower jaw in a case of primary epithelioma, involving the larger portion of one side of the jaw and extending so high that it was necessary to remove it at the articulation. There was infiltration at the same time of the connective tissue and of the glands beneath the jaw, all of which were removed. The patient did very well, but in the course of a few days developed symptoms of meningitis, which were supposed to be alcoholic in character. No account of the man's previous history could be secured, and he was treated for alcoholism. The case progressed with all the symptoms of *mania a potu*, and died on the eighth day. Afterward it was learned that the man never drank at all. The meningitis, therefore, could not have been due to alcoholism, but was probably septic. This case shows what may happen after what seems to be a simple operation.

DR. HEARN stated that if the saliva contains typical micrococci of croupous pneumonia, and these are the same as those of meningitis, we may have infection after operations about the mouth with saliva, followed by pneumonia or by meningitis.

THE PRESIDENT said that there might also be direct infection causing meningitis by absorption from the wound after operations upon the mouth.

DR. HEARN added that he closed the mucous membrane accurately, so that no discharges from the wound could get into the

mouth or the saliva enter the wound. The case recovered.

DR. G. HUDSON MAKUEN presented a
"CASE OF STAMMERING CURED BY
OPERATION."

[See page 655.]

DISCUSSION.

DR. JOHN GRAHAM stated that the little boy whom Dr. Makuen exhibited had been under his professional care since birth. His speech had always been defective, but it was hoped, that under the careful training of his father and mother, the stammering would be overcome. He was instructed to try to speak slowly and distinctly; his general health was looked after, but, in spite of all care, he not only did not improve, but, during the past year, he had grown decidedly worse. Lately, he had hardly been able to speak at all, especially before strangers. The consequence has been that, although a bright boy, it had been almost impossible for him to pursue his studies at school, or for his teachers to know what was going on in the child's mind. He was not deaf, but he certainly was almost dumb.

DR. HARRISON ALLEN said that the interesting observation reported by Dr. Makuen illustrates a phase of study of the adenoid growth which has been in a measure overlooked. The case informs us of the impression that can be made by a growth in the pharynx upon the development of speech; indeed, it may be said that if retarded speech-development or imperfect enunciation of consonants be found in a child who is also suffering from adenoid growth the probabilities are that speech will be improved by ablation of the mass. Dr. Allen was prepared to make an assertion of a yet more radical character. He alluded to the effects of the adenoid growth on mutism. In a mute boy, upon whom he had recently operated, the hearing improved to such a degree as to enable the boy to leave an institution for mutes and to attend public school. The growth in this case was so small that it did not obstruct nasal breathing. In a paper read before the last meeting of the Pennsylvania State Medical Society, Dr. Allen had recorded instances of profound impressions upon general nutrition which were changed for the better by removal of small non-obstructive growths. Indeed, it appears that we are standing upon the threshold of a subject of great importance in the clinical study of development and general nutritive processes in childhood. If the masses are sufficiently large to obstruct the naso-pharynx a diagnosis is easy, but to detect the presence of smaller masses is often difficult unless a digital examination is made. There is one sign present in many cases, namely, large lymphatic glands under the jaw. If struma, tonsillitis and congenital syphilis can be excluded, the presence of these enlarged glands may be accepted as a sign of the existence of an adenoid

growth, which is exciting mischief irrespective of its size. It is of interest to note that the enlarged cervical glands will disappear in a few days after operation.

DR. JAMES THORINGTON asked what had been the effect upon the digestion in this case, since the operation. As the statement was made that the child was not deaf, he also asked if any record of the child's hearing had been made prior to the operation. With such a large adenoid growth, it could be well understood that there might have been some interference with hearing, and that the removal of the growth materially assisted in securing this excellent result. With regard to the muscle-condition, he asked if there was any deviation in the tongue, either in repose or when protruded from the mouth.

DR. W. S. STEWART related the case of a man with such defective articulation that it interfered with his occupation. When he came to the doctor's office, he had such difficulty in articulation that the servant was frightened, reporting that there was a crazy man at the door. This man was cured afterwards by the faith-cure. For a time he spoke perfectly and without hesitancy, but afterwards relapsed.

DR. JURIST having understood Dr. Allen to say that the existence of enlarged glands in the neck is always evidence of the presence of adenoids, asked if he would extend this statement and say whether or not nasal obstruction in general will not cause enlarged glands.

DR. ALLEN replied that enlarged glands in the neck are connected with the existence of adenoids, but there is not necessarily any relation as to the size. This sign is sometimes inconclusive, as all signs may be, but we do not form our opinion from one sign, but from a group of signs. It is true that we may have enlarged glands from nasal disease and from enlarged tonsils, or from scarlet fever, but when there is a suspicion of adenoid growths, the sign is useful. A certain amount of enlargement of the tonsils is physiologic in children; but the tonsils are not always enlarged when these are adenoid growths.

DR. G. G. DAVIS stated that it is interesting to know to what degree these cases are dependent upon physical causes, and in this case the removal of a growth the size of a walnut probably had something to do with the improved condition of the child; but he was convinced that a great deal is due to the care taken by Dr. Makuen in training the organs of speech. In some children faults of speech are due to anatomic reasons; but a large proportion will, upon examination, be found to be able to make all or nearly all the sounds, and they would be able to speak much better than they do if they utilized all the power that they possess. Dr. Davis asked how much of the improvement in the case was due to the operation and how much to the training.

DR. LAPLACE said that he was much entertained by hearing the little boy read his

exercises, which he has practiced very assiduously. It was interesting to see how fluently he read them, and it was very instructive to observe that he talked as well as he read. The method of cerebral action is different in speaking from that of reading and stammerers are likely to have more hesitation in expressing their own thoughts.

DR. S. SOLIS COHEN stated that if he understood Dr. Makuen correctly, there were several contributing factors causing the speech defect in this case, all of which were corrected. Unless Dr. Makuen's observations are directly to the contrary, I would lay more stress upon the tongue-tie than upon the adenoid vegetations, for too many cases of adenoids are without such difficulty of speech to readily believe that this pathologic condition is a true cause of stammering or stuttering, although its removal will relieve the patient of very many other annoyances. With Dr. Davis, Dr. Cohen attributed much of the good result to Dr. Makuen's skillful training. His results are exceptional because exceptional skill was brought to bear.

In view of Dr. Allen's remarks concerning the effect of adenoid growths upon the mental condition, reference was made to the results of examinations of feeble-minded children at Elwyn. They showed an unusually high percentage of these growths. Dr. J. Solis Cohen has operated upon several such cases in private practice, with the result of apparently improving the mental condition. It was thought that these growths, while not causative, are concomitants of arrested or perverted development, and their removal, by affording relief to respiration and increasing hematosiis, takes away one of the obstacles in the way of the development of the body and mind of the individual.

DR. MAKUEN concluded by saying that there were no enlarged glands except in the vault of the pharynx, and the tonsils were rather smaller than in other children of the patient's age. The suggestion that stammering may continue after the original cause has been removed is a good one, and it is here that vocal training plays an important part. The stammering-habit must be broken up. As to the question as to the relative value of the operation and of training, in this case they were about of equal value as curative agents, and in the majority of operative cases the one would be almost useless without the other. The habit must be removed, else the patient will go on stammering, although this boy has not stammered since the operation.

Very little personal attention had been given to the training of this case, but the mother has been very diligent in carrying out instructions given her, and the boy has enjoyed the exercises and taken a great interest in them. When the boy was asked three weeks before to come before the meeting, he was much disturbed. He had no confidence in himself whatever, but that was restored entirely by simply teaching him to talk. His

general health had also improved and his mother said that his appetite and digestion had never been so good.

As regards the relative value of the two operations, little credit need be given to the clipping of the frenum of the tongue because this was not very short and seemed to interfere but little with the tongue's action. We can scarcely over-estimate the importance of good speech as a factor in the mental and physical development of children. It stimulates all the faculties and improves the general health to a marked degree.

Dr. Makuen added that he had sometimes thought that adenoid growths and speech-defects may be causative factors rather than effects in strumous conditions.

A. A. ESHNER, *Editor*.

Stated meeting, May 13, 1896.

The President, DR. J. C. WILSON, in the chair.

DR. SILAS UPDEGROVE read a paper entitled

"NECESSITY FOR THE STATE TO DEMAND THE ADOPTION BY THE COLLEGES OF A MORE UNIFORM STANDARD OF EDUCATIONAL REQUIREMENT FOR THE DEGREE OF DOCTOR OF MEDICINE."

[See page 645.]

DR. J. SOLIS-COHEN exhibited a

TONGUE-DEPRESSOR, BY MEANS OF WHICH THE INTERIOR OF THE LARYNX AND TRACHEA CAN BE INSPECTED DIRECTLY, WITHOUT THE AID OF A LARYNGOSCOPIC MIRROR.

DR. COHEN stated that the instrument was a device of Dr. Kirstein, of Berlin, who called it an *autoscope*, but the exhibitor considered the term unfortunate, the word implying self-examination. A better name would be one suggested by Dr. S. Solis-Cohen, namely, *Ortholaryngoscope*. In reality, however, the device is a tongue-depressor. Dr. Cohen said that the difficulty in making a direct examination of the larynx is the position of the epiglottis. For this reason, we have learned to use the laryngoscopic mirror so placed in the throat as to reflect light behind the epiglottis. This ortholaryngoscope is made in such a way as to drag the epiglottis out of the line of direct inspection. In explaining its construction, the speaker said that it is a univalve guttered speculum, long enough to reach along the tongue clear to the epiglottis. The epiglottis is connected with the tongue by the glosso-epiglottic ligament. When that ligament is pressed downward and forward, exerting similar pressure on the hyoid bone, the epiglottis becomes tilted over and forward on

the tongue, and is brought into a straight line. The instrument is made with a dip at the distal extremity, so as to reach down to the base of the tongue, and this dip is bifurcated so as to embrace the glosso-epiglottic ligament, and it is so nicely beveled and smoothed off that when using it for an examination, the epiglottis is given as little annoyance as is possible. The speaker described the position of the patient during the examination—seated, with trunk forward, the neck extended and the head thrown back, and with a good light above and in front, so that the examiner, standing in front of the patient, can look directly down the throat. In certain cases, Dr. Cohen said, in which the epiglottis cannot be pulled forward in this way, a straight instrument is used, when, the epiglottis being cocaineized, the instrument is brought over on top of the epiglottis, thus pressing it forward and downward upon the tongue. For convenience, an attachment in the form of a cover may be slid over the proximal end of the tongue-depressor for the purpose of avoiding trouble with the teeth and moustache. As the patient naturally is apt to close the mouth, this cap, placed upon the instrument, prevents obstruction to the rays of light. The advantage of this tongue-depressor is, the speaker said, that instead of the ordinary laryngoscopic instruments, direct instruments may be used, such for instance as the forceps and probes exhibited; and operations can be performed much as upon any other part of the body. Dr. Cohen showed an ingenious handle for the tongue-depressor by means of which electric light, by a contrivance of hood and prism, is thrown horizontally along the tongue depressor. This handle, adapted by Kirstein to his tongue-depressor is Caspar's electroscope, originally devised for urethral examinations. It is an admirable search-light for surgical electric illumination generally. It is not every patient, remarked Dr. Cohen, with whom this instrument can be used. A good deal of pressure must be exerted upon the hyoid bone, but it can be used in a certain number, and no doubt as familiarity with the device is attained, we shall be able to use it in a great many more cases than we now think possible. Dr. Cohen further remarked that this new device exposed chiefly the posterior walls of the larynx and the trachea, while the laryngoscope revealed chiefly the anterior parts, and thus one instrument supplements the other. A practical demonstration of the use of the tongue-depressor was then given by Dr. Cohen.

By invitation of the directors, DR. B. ALEXANDER RANDALL demonstrated with lantern views,

THE SURGICAL ANATOMY AND PATHOLOGY OF THE MASTOID.

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PERISCOPE.

OBSTETRICS.

Anæmia.

At the meeting of the Obstetrical Society (Paris), M. Maygrier spoke on the treatment of cases of anæmia by injections of salt water. He said that among the means at our disposal to struggle against hæmorrhage of a grave character we have added, within the last two or three years, injections of artificial serum into the cellular tissue, or even into the veins directly. Lately, he had witnessed in his own practice most astonishing results from this method, and he would add, with other clinicians (Thomson, H. Spencer, Smith, Horrocks, &c.), that there should be no fear of injecting strong doses or of renewing them frequently. The patient who furnished him with the opportunity of trying the method was a woman, who was brought to the hospital in a dying state from placenta prævia. The first attempts at provoking a delivery were accompanied by such grave attacks of syncope that death seemed to be imminent. He injected immediately two quarts of salt water directly into the vein of the arm at an interval of twenty minutes. The effect was magical, the woman who was apparently dead seeming to come back by a kind of resurrection. Shortly afterwards, parturient pains came on, and the child was expelled. The consequent loss of blood brought on fainting, and two more quarts were injected with similar good effect. But towards evening the patient showed again signs of sinking, and the injections were repeated, and this time with permanent effect, so that in the one day six quarts of artificial serum had been injected. If women, the speaker added, are brought to us in a lamentable state of anæmia, their condition ought to be improved by injections of serum before proceeding to deliver them. Certain accoucheurs have a grave dread of intravenous injections, but their fears were, in his mind, exaggerated.

The mode of operating is of the simplest. The vein is laid bare and an opening made in it for the point of the canula. This canula is connected with the reservoir containing the serum by means of a tube. Care should be taken to exclude all air and to properly sterilize the instruments. If at any moment blood flowed back into the canula because the reservoir was not held sufficiently high (three feet), it might coagulate, and the danger of injecting a clot would be very great. In such a case the instrument should be withdrawn and all the blood emptied and then replaced.—*Med. Press.*

Reduced Rates to St. Louis.

The Republican National Convention will meet in St. Louis June 16th. For this occasion the B. & O. R. R. Co. will sell Excursion

Tickets from all stations on its line East of the Ohio River for all trains June 12th to 15th, inclusive, valid for return passage until June 21st, at one fare for the round trip.

The Baltimore & Ohio is a direct line to St. Louis, running two solid vestibuled fast express trains with through Pullman Sleeping Cars attached every day in the year.

For rates and other information apply to nearest B. & O. Ticket Agent.—5-t.

Reduced Rates to Washington.

The Young People's Society of Christian Endeavor will hold their Annual Meeting in Washington, D. C., July 7th to 13th.

For this occasion the B. & O. R. R. Co. will sell tickets, from all points on its lines, East of the Ohio River to Washington, at one single fare for the round trip, July 6th to 8th, inclusive, valid for return passage until July 15th, inclusive, with the privilege of an additional extension until July 31st by depositing tickets with Joint Agent at Washington.

Tickets will also be on sale at stations of all connecting lines.

Delegates should not lose sight of the fact that all B. & O. trains run via Washington.—8-t.

NEWS AND MISCELLANY.

The Second Pan-American Medical Congress.

The committee on organization of the Second Pan-American Medical Congress has elected Dr. Manuel Carmona y Valle, President, Dr. Rafael Lavista, Vice-President, and Dr. Eduardo Liceaga, Secretary, and has announced November 16, 17, 18, 19, 1896, as the date of the meeting, to be held in the City of Mexico.

The most cordial invitation is extended to the medical profession of the United States to attend and participate in the meeting.

Titles of papers to be read should be sent at the earliest practicable date to Dr. Eduardo Liceaga, Calle de San Andres num 4, Ciudad de Mexico D. F. Republica Mexicana.

The date selected is in the midst of the delightful midwinter season when the climate of Mexico is the most attractive to the northern visitor.

The occasion should stimulate the medical profession of the United States to a most cordial reciprocation of the generous patronage accorded the Washington meeting of the Congress by our Mexican confreres.

It should be remembered that the United States is the largest, and in many regards the most important of the American countries, and that as a consequence more is expected of it than of any other occidental nation. In no particular is this more true than in the main-

tenance of position in the realm of scientific medicine on the Western Hemisphere. It is, therefore, simply essential that in this Congress—the most important of all Medical Congresses, in its exclusive, yet broad American significance—the best thought and the best work of the American profession shall be conspicuous in the proceedings.

The zeal and enthusiasm of the Mexican profession and the active interest of the Mexican Government are co-operating to make the Second Pan-American Medical Congress attractive, important and memorable.

Those who contemplate attending should send their names and addresses at as early a date as possible to Dr. Charles A. L. Reed, St. Leger Place, Cincinnati, that the committee in Mexico may be advised of the probable attendance.

WILLIAM PEPPER,
ex officio President.

A. M. OWEN,
A. VANDER VEER,
CHARLES A. L. REED,
ex officio Secretary.

International Executive Committee for the United States.

Medical Conventions, 1896.

Physicians and others attending the various Medical Conventions for 1896 should bear in mind that the B. & O. offers special inducements to conventions of this kind. The scenic attractions of this route are unsurpassed in this country. All B. & O. trains between the east and west run via Washington, and sufficient time limit is given on tickets to allow a stop-over at the National Capital.

The meeting of the Amer. Assoc. Genito-Urin. Sur. will be held at Atlantic City, first week in June.

The meeting of the Amer. Gynecol. Soc., in New York, May 26.

The meeting of the Amer. Laryngol. Asso., in Pittsburg, early in May.

The meeting of the Asso. Mil. Sur. of U. S., in Phila., May 12, 13 and 14.

The meeting of the Climato. Asso., Lakewood, N. J., May 12 and 13.

For rates and other information, address Chas. O. Scull, General Passenger Agent, Baltimore, Md., or L. S. Allen, A. G. F. A., Chicago, Ill.

Annual Convention of Military Surgeons.

Upwards of 100 members of the Association of Military Surgeons attended the Sixth Annual Convention held in Philadelphia, May 13, 14, and 15. The proceedings comprised the usual routine business, reading of papers, a reception at the Union League, and one at the First Regiment Armory followed by a review of the regiment. Col. Louis W. Read of Nor-

ristown, Surgeon-General of the Pennsylvania National Guard, presided at the meeting.

Perhaps the most enthusiasm was aroused by the remarks of Gen. Hastings, representing the State, alluding to the possibility of war with Spain. Addresses of welcome were also made by Maj. Gen. Snowden for the State National Guard, Mayor Warwick for the city, Adj. Gen. Thomas J. Stewart, and Dr. J. M. Da Costa, for the medical profession. The first flag of the Association was raised after the first morning session. It has a white ground, bearing in the center the red cross of the hospital corps, upon which is an American shield, the flag being edged with green.

In the papers read, much interest was shown in the matters of instruction of the hospital corps, the difficulty of getting efficient men to serve, a lately invented bullet forceps especially designed for the new style bullet, and the need of improved bathing facilities in both the army and the national guard. Maj. Valery Havard read a paper commending the present French field sanitary service, and Maj. George W. Adair spoke upon the necessity of improvement in the ambulance service for conveyance of the wounded in wars of the future. Maj. Paul R. Brown strongly advocated the Bertillon system of measurements as a means of determining the personal identity of the soldier, and Lieut. H. A. Arnold spoke a good word for the treatment of sick and injured civilians at summer encampments. Captain D. M. Appel claimed many advantages from the use of asbestos dressings in surgical cases in the field, and the methods of instruction in first aid in illness and injury were discussed.

The election of officers resulted as follows:—President, Medical Director Albert Leary Gihon, U. S. N.; First Vice-President, Brig. Gen. E. J. Foster, Mass., V. M.; Second Vice-President, Maj. John Van R. Hoff, U. S. A.; Secretary, Maj. Herman Burgin, Second Regiment, N. G. P.; Treasurer, Capt. James J. Erwin, Ohio National Guard; Editor, Maj. Charles C. Foster, Mass., V. M.; Executive Committee, Gen. John Cook, New Hampshire; Gen. Byers, Wisconsin; Lieut. Col. C. M. Woodward, N. G., Mich.; Maj. P. F. Harvey, U. S. A.; Maj. Kuyk, Virginia. The next annual convention will be held at Columbus, Ohio.

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For rates and other information apply to nearest B. & O. Ticket Agent. 5-16-96